IMPORTANT FUNERAL DIRECTOR: hospital to_the Marior 44-31-8 Golden Memorial HOSP sozs Belan Rond Whale white single 8-03-96 82 Pennsylvania Amer bonton John Groppin Floor O DONE Parcytopena OF bleeding ist An Enert, SI-6

68- 8502 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. BIRTH NO 1. NAME OF DECEASED 2. DATE Known X Month Hour (Type or Print) HENRY OF Estimoted KEMP DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE Month Doy Yeor Hour PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET 18. 1968 August HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY Sinai Hospital (DOA) Maryland C. CITY OR TOWN D. INSIDE 6. SEX B. MARRIED NEVER MARRIED white WIDOWED . Baltimore male DIVORCED NO If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER Nuth 9. DATE OF BIRTH 10.AGE (In years lost birthdoy) Months, Doys, Hours, Min. Uct. 16, 1902 5206 W. XNOOCH Avenue 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? Maruland 14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME lone during most of working life even if retired) lerk 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 8. THEORMANT **ADDRESS** SOCIAL SECURITY NO. (Yes, nator unknown) (If yes, give wor or dotes of service) 218-10-304 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Arteriosclerotic Cardiovascular Disease LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF: injury or complication which coused death.) ANTECEDENT CAUSES (B)_______DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 22.1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) $\overline{0}$ 22A. 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Baltimore City, give exact location) home, form, factory, street, office bldg., etc.) INJURY OCCUR? EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-

22E.INJURY OCCURRED

NOT WHILE

AT WORK

Suicide

Inspection X Autopsy

24C. NAME of CEMETERY or CREMATORY

Moly Kedeemer

WHILE AT

Accident ___

25B. NAME OF REGISTRAR

(Hour)

Werner U. Spitz, M.D.

I certify that I held an Inquiry

24B. DATE

resulted from: Natural causes X

ACTUAL

REMOVAL (Specify) Durial

VS 151-REV, 1/1/68

SIGNATURE.

EXAMINER'S

NAME (Type) 24A. BURIAL CREMATION,

25A. DATE REC'D BY HEALTH DEPT.

22F. HOW DID INJURY OCCUR?

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

24D. LOCATION

ASSOCIATE MEDICAL EXAMINER

25C. FUNERAL DIRECTOR

Leonard

Homicide ___

and that an this basis, death in my apinion

Undetermined manner

(City, town, or county)

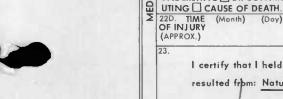
Maryland ADDRESS

DATE SIGNED

8/19/68

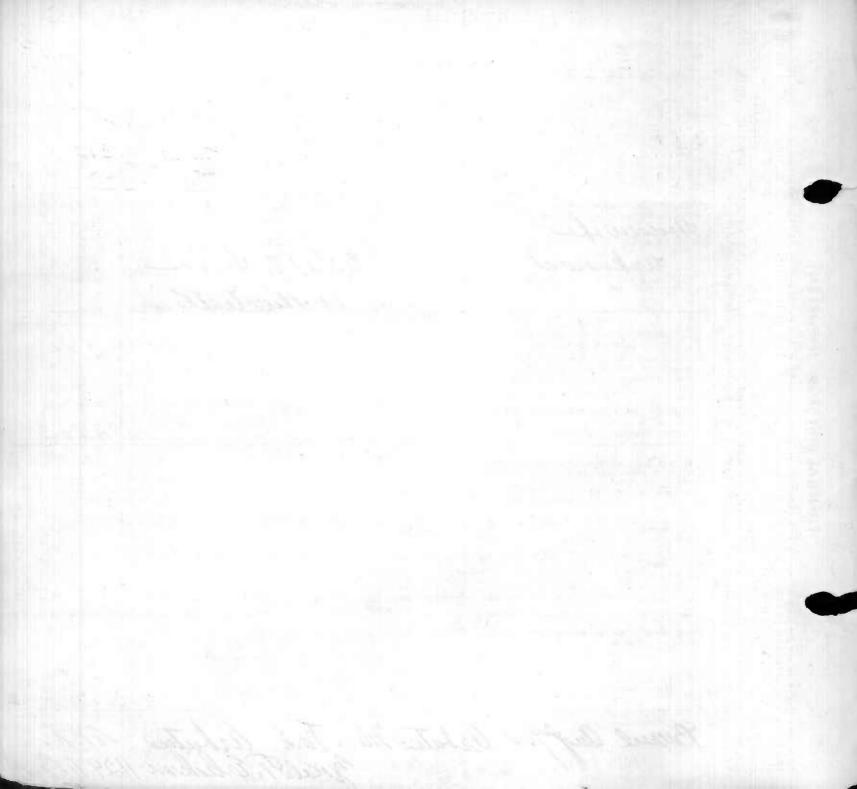
(Stote)

Md



many yazi çerindeyile

VS 150-REV. 1/1/68



VS 151-REV. 1/1/68

- 353 MENTA

8/18/ HEALTH DEPT.

Burial

VS 150-REV. 1/1/6B

68 Baltimore

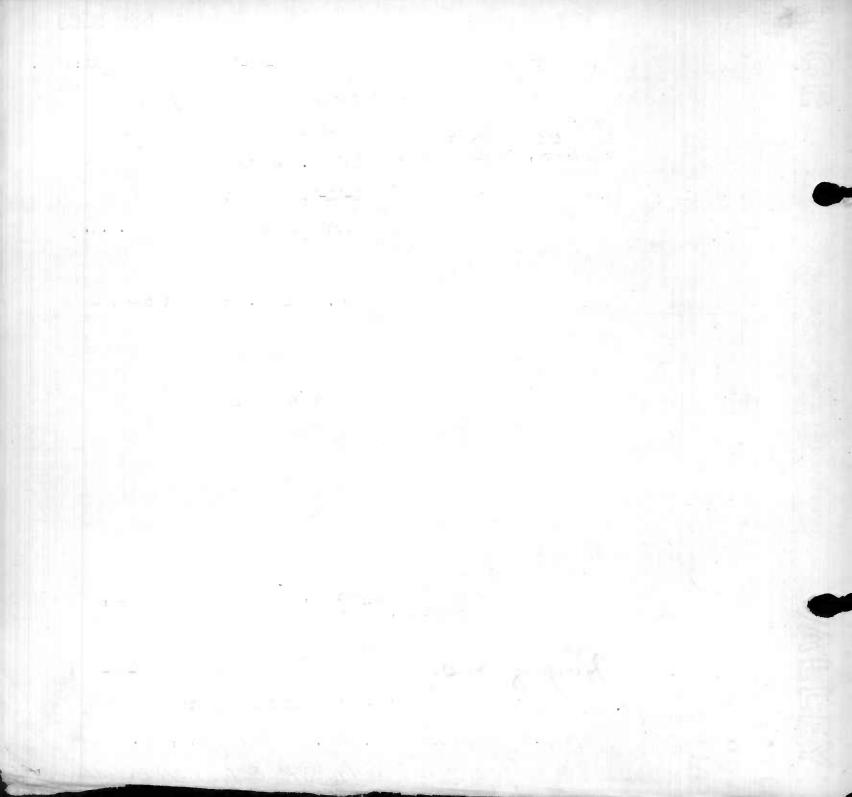
Name of Street, or other Printers.	0.0		BALTIMORE CITY	HEALTH DEPARTMENT		00 070-	
	68	- 8505	CERTIFICA	TE OF DEATH	REG. NO.	68-8505	
BIRTH NO.			CLKTITICA				
1. NAME OF DEC					HOUR OF DEATH		
	John Wi			8-18-		10:45 a.	
3. PLACE IN BAL	TIMORE, MARYLAND, W			A. STATE B. COUNTY Maryland	eceosed lived. If ins	stitution: residence before admission	
FULL NAME OF HOSPITAL OR	ADDRESS OR LOCA	ION, GIVE STREET					
INSTITUTION	Provident			C. CITY OR TOWN	D. INSIE	DE CUY LIMITS?	
39	1514 Divi			Baltimore		AE KO NO	
	Baltimore			E. STREET AND NUMBER			
S. SEX	6. RACE	7. MARRIED [LAISVED MADDIED -	B. DATE OF BIRTH 19.	AGE (In years	If Under 1 Yr. , If Under 24 Hrs	
			NEVER MARRIED	lost	birthday)	Months Doys Hours Min.	
Male	Negro	WIDOWED	DIVORCED		57		
	UPATION (Give kind of work working life, even if retired)	GIOB, KIND OF B	SUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or foreign	country)	12. CITIZEN OF WHAT COUNTR	
				North Carolina		U.S.A.	
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN NAME			
EA.	ward Wilson			Consis Cu	ni + h		
	Varu Wilson Ever in U. S. Armed For	ces?	6. SOCIAL	Cassie Sm	IT OII	ADDRESS	
Yes, na at unknown	(If yes, give wor or dote	s of service)	SECURITY NO.		/1		
yes	WwII			Mrs. Doris T.	Johnson (I	Niece) Same	
(This does referred to the control of the control o	SE OR CONDITION DIL LEADING TO DEATH not mean the mode of ostherio, etc. It means implication which coused ANTECEDENT CAUSES DR CONDITIONS, it e obove couse (A) G CONDITION lost.	dying, e.g., lhe diseose, deoth.)		ise Congulaios A CONSEQUENCE OF: tus Epilapthum A CONSEQUENCE OF:	2	BETWEEN ONSET AND DEATH	
TO THE DEAT	FICANT CONDITIONS CO TH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR FOPERATION 198. CON WAS PER	HE TERMINAL T 1 (A). DITION FOR WE		20A. AUTOPSY? (Yes or No)	OB. IF YES, WERE F	INDINGS CONSIDERED	
19A. DATE OF	WAS PER	FORMED		No "	N CERTIFYING CAU	ISES OF DEATH?	
OR CONTRIBU	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, affice bidg., INJURY OCCUR?						
21 D. TIME OF INJURY (APPROX.)	21 D. TIME (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY						
22. I certify	that (1) (this haspital) attended the	deceased from At	igust 17, 19	68 to Augu	ust 18, 1968	
that (1) (wa)	last saw the decease	d alive an	August 18.	60		nian death accurred an the da	
				iew the bady after death.	n(my) (dur) apin	non death accurred an the da	
23A. SIGNATU						23B. DATE SIGNED	
	XXX a	11/ 2		nding Med. Sta	ff. 💂	8 10 68	
23 C. PHYSICIA NAME (T	AN'S (ype)	ny, n	DEGREE Phys	Director Phy 23D. ADDRESS	s. पूर	8-19-68	
	Dr. Raymundo	Cornus		1514 Division 8	Street		
24A. BURIAL CRE	MATION, 24B. DATE	24C. NAA	DEGREE OF CEMETERY OF CRE			y, town, or county) (State)	

Cem. Ba

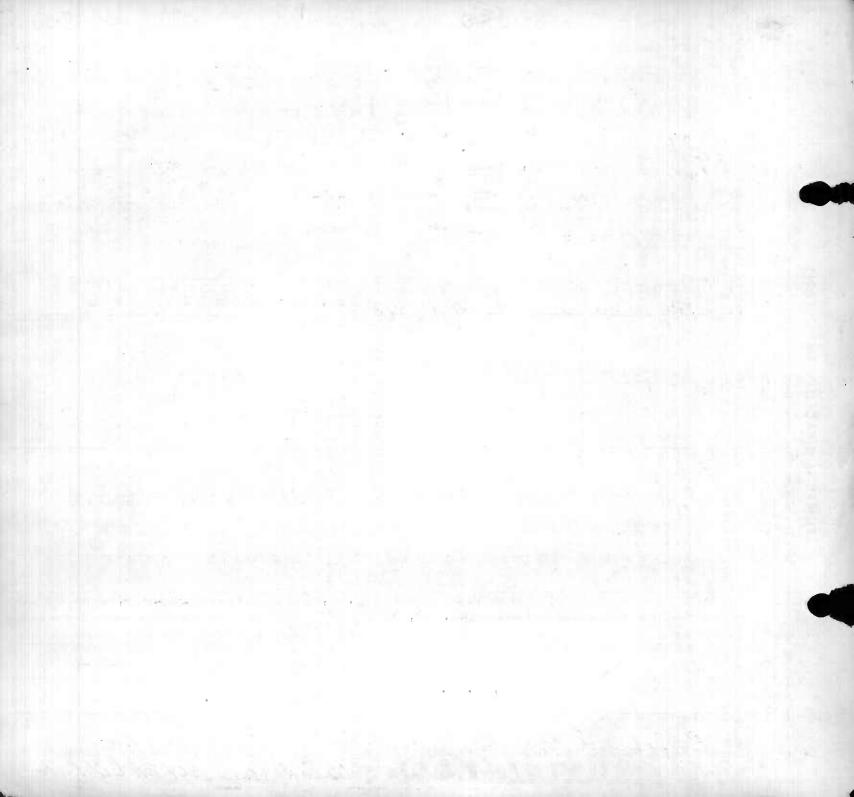
Natl.

Baltimore, Md.

ADDRESS



VS 150-REV. 1/1/68

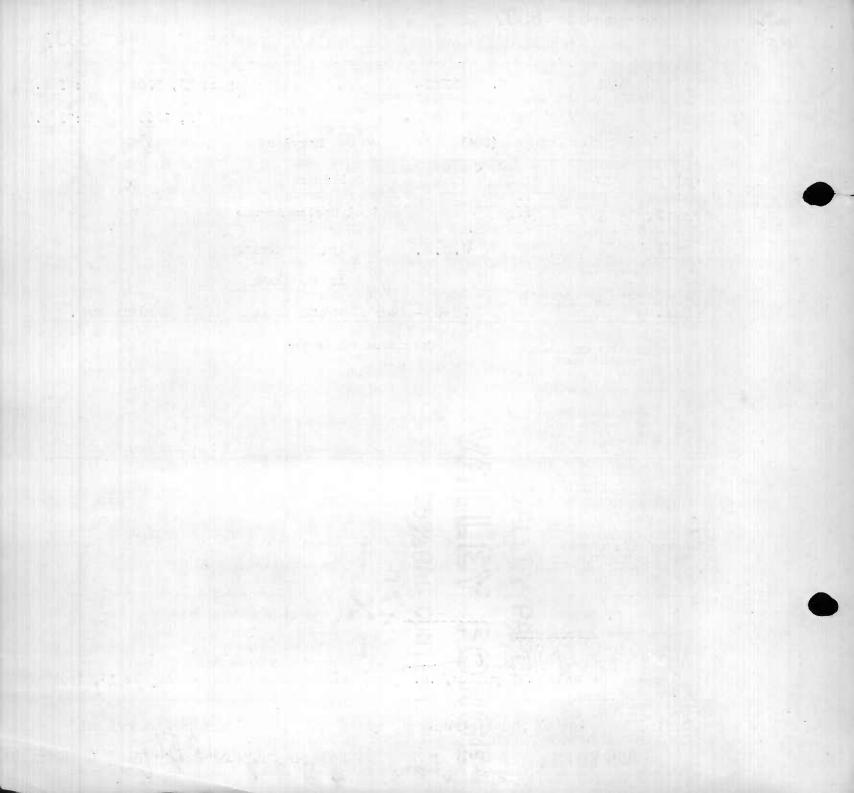


5-530

VS 151-REV. 1/1/68

68-8507 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 68-8507					
BIRTH NO.	KEO, NO.					
1. NAME OF DECEASED (Type or Print) WALTER C. SMITH	2. DATE Known Amonth Doy Year Hour OF DEATH Estimoted August 15, 1968 8:25 P.M.					
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Haur					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD August 15, 1968 8:25 P.M.					
1041 Harlem Avenue (DOA)	S. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE Maryland B. COUNTY					
6. SEX MARRIED Never MARRIED Never MARRIED WIDOWED DIVORCED	C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES NO					
P. DATE OF BIRTH Apr 12, 1913 10. AGE (In years H Under 1 Yr. If Under 24 Hrs. Hours Months Doys Hours Min. Ho	E. STREET AND NUMBER 1041 Harlem Avenue					
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME					
U.D.A.	Arthur Smith					
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR' done during most of working life, even if retired)						
	Irene Cook					
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ng.or unknown)(if yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS					
(Yes, no or unknown) (If yes, give wor or dotes of service) 218-03-464	8 Martha Smith 1041 Harlem Ave.					
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL					
Carcino	oma of Larynx					
LEADING TO DEATH						
(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:						
heort foilure, osthenio, etc. It meons the diseose, injury or complication which coused death.)						
ANTECEDENT CAUSES (B)						
	AS A CONSEQUENCE OF:					
UNDERLYING CONDITION LAST						
(c)						
C)						
20 A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)					
Ö	no					
UNDERLYING OR CONTRIB-	in or obout 22C. WHERE DID (If in Boltimore City, give exoct location) te bldg., etc.) INJURY OCCUR?					
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?					
OF INJURY WHILE AT NOT	WHILE VORK					
23.						
I certify that I held on Inquiry Inspection X Au						
resulted from: Natural causes X Accident Suicident	de Homicide Undetermined monner					
0 101/11	CHIEF MEDICAL EXAMINER					
ACTUAL half March	ASSISTANT MEDICAL EXAMINER & DATE SIGNED					
EXAMINER'S Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER August 16, 1968					
NAME (Type)	ASSOCIATE MEDICAL EXAMINATE August 10, 1700					
24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (State)					
REMOVAL (Specify)						
Burial Aug 20,68 Arbutus	Baltimore, Maryland					
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR					



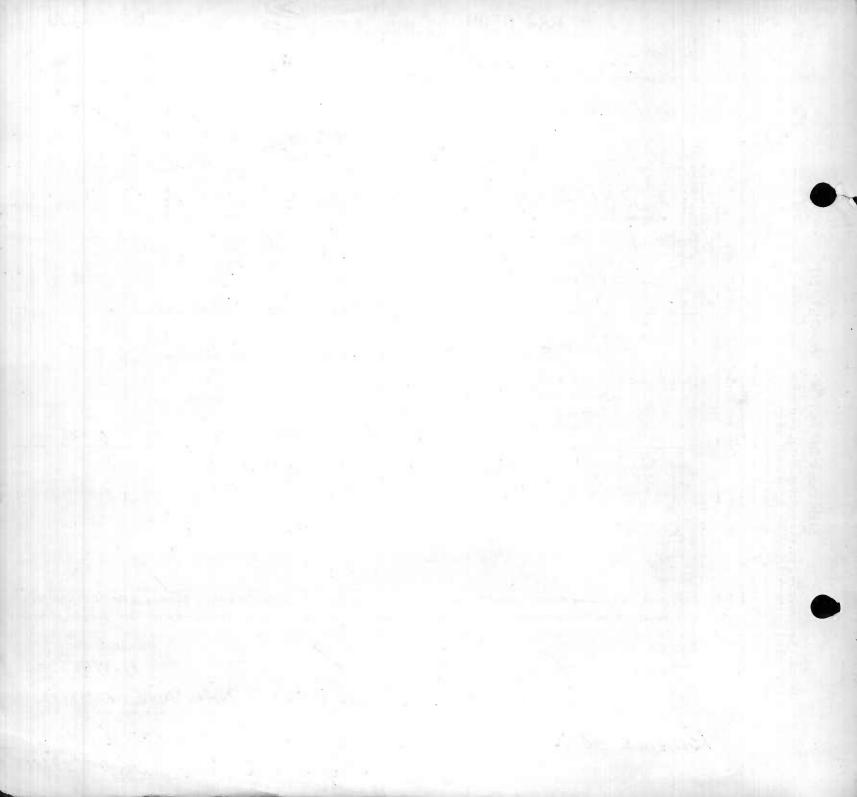
68-	8508 CEDTIFICA	HEALTH DEPARTMENT	PEG NO 68	- 8508				
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	9308				
1. NAME OF DECEASED (Type or Print)	treams	2. DATE AND	HOUR OF DEATH	18 1110				
3. PLACE IN BALMMERE MARYLAND, WHE	RE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If institution	on: residence before odmission)				
FULL NAME OF (IF NOT IN HOSPITAL HOSPITAL OR ADDRESS OR LOCATION	OR INSTITUTION, GIVE STREET	C. CITY OR TOWN A	111	LIMITS?				
148 M	en. Hosp	E. STREET AND WUMBER	YES	NO D				
o l		23/3/	emthe					
E // // w	MARRIED NEVER MARRIED DIVORCED	Mar 26, 1908 10	AGE (In years If to Mon	Inder 1 Yr. If Under 24 Hrs. ths Doys Min.				
10A. USUAL OCCUPATION (Give kind of work 10B done during most of working life, even if retired)	R. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country) 12.	CITIZEN OF WHAT COUNTRY?				
done during most of working life, even if retired) 13. FATHER'S NAME	None	Gall	1). Md.	U. S. A.				
13. FATHER'S NAME	CI	14. MOTHER'S MAIDEN NAME	- 7					
TOUR COLORD	Streams	Agnes Robin	nson					
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of	f service 16. SOCIAL SECURITY NO.	17. INFORMANT	1 , 1616	Baker ST				
(Yes, no or unknown) (If yes, give wor or dotes of		Louise Paul	Sister Bal	71515,07				
18. /3 O X I	CAUSE OF DEAT	1:1	-1	BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIREC		aralle /X / 10	11	10/00/1				
(This does not mean the mode of dy heart failure, asthenia, etc. It means the injury or complication which caused dec	ing, e.g., (A) IMMEDIATE CAL	A CONSEQUENCE OF:		NO DIVIN				
heart failure, asthenia, etc. It means the injury ar camplication which caused dec		CCID		711.				
ANTECEDENT CAUSES	(B)	- J (1) / J	1 1	1041				
DISEASES OR CONDITIONS, if any rise to the above cause (A) sta	, giving DUE TO, OR AS	A CONSEQUENCE OF:	MATTIE	4 11				
	(c) ZXXI	Eglal (1) M	Soll as as I	a / Lyen				
, 150 X II		ainas,	mes					
O OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED TO THE T DISEASE OR CONDITION GIVEN IN PART 1				V				
DISEASE OR CONDITION GIVEN IN PART 1	ON FOR WHICH OPERATION	20 A. AUTOPSX? (Yes or No)	208. IF YES, WERE FINDIN	NGS CONSIDERED				
19A. DATE OF OPERATION 19B. CONDITI	MED	185	IN CERTIFYING CAUSES	OF DEATH?				
OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	218. PLACE OF INJURY (e.g., in home, farm, foctory, street, of etc.)		(If In Boltimore City,	give exoct locotion)				
(DE INTITION	loud 21E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?					
(APPROX.)	While At Not While Work At Work		15	1				
22. I certify that (I) (this haspital) of	2. I certify that (1) (this haspital) attended the decleased fram 1900,							
1 1 11 1 1 1 1		I N W	in(my) (aur) apinian	death accurred an the date				
ond hour and from the causes stated	and hour and from the causes stated aboye. (1) (We) (did) (did not) view the body after death.							
ond hour and from the causes stated 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) A L LEN 24A. BERNAVAL (Section), 24B. DATE	h 18 1 10			DATESIGNED				
Tour	DEGREE Phys	i. Director Ph	off lys.	41/10/9				
23C. PHYSICIAN'S NAME (Type)	1	23 D. ADDRESS		000911				
ALLEN GLUS	HAKOW MD DEGREE							
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CRE	MATORY 24D. LOC	CATION (City, tow	rn, or county) (Stote)				
BURIE SPECIES BY HEALTH DEPT. 258	Mt Luke a	- K	Hibore.	had.				
25A. DATE REC'D BY HEALTH DEPT.	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	1 1010	ADDRESS				
AUG ON 10CK A	OF HIS STRUMBER	Course of De	dey 1540 N	Collan St				



VS 150-REV. 1/1/6B

a hospital and

			HEALTH DEPARTMENT		00 0500
BIRTH NO.	68-8	509 CERTIFICA	TE OF DEATH	REG. NO	68- 8509
Type or Print)		CE		UST 12 1	9681 M
3. PLACE IN BALTI	MORE, MARYLAND, WHERE PI		4. USUAL RESIDENCE (Whe		titution: residence before admission)
FULL NAME OF	(IF NOT IN HOSPITAL OR I	NSTITUTION, GIVE STREET	MARYLA	4	1-00
STITUTION			C. CITY OR TOWN		DE CITY LIMITS?
00	711 S. R.		E. STREET AND NUMBER	PORE	YES NO NO
	BALTIMOR	E MD.	711 S. 1	POSE C	57:
SEX 6	RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
A. USUAL OCCUP	N. I. I. I. I. I.	DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED	MAY 2 1894	eign country)	12. CITIZEN OF WHAT COUNTR
	rking life, even if retired)	220 1150	manual	>	1151
3. FATHER'S NAM	ITIER SPA	KROWSFT.	14. MOTHER'S MAIDEN NA	ME	U.J.A.
JOHN	PRFIS		MARY OL	FC	
. Wos Deceased E	ver in U. S. Armed Forces? If yes, give wor or dotes of ser	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	23	ADDRESS
No	, , , , , , , , , , , , , , , , , , , ,	213.07.2113	MRS. EDNA I	ORICE 71	1 S. ROSE ST
18. 4 3/	191	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	OR CONDITION DIRECTLY		P. 1 . 1/		theo.
(This does not	mean the mode of dying,	e.g., (A) IMMEDIATE CAL	A CONSEQUENCE OF:	morruga	TAUS
	sthenio, etc. II meons the dis licotion which coused deoth.)			3	
Al	NTECEDENT CAUSES	(B)	scherole vascu	lar dessen	0
	above cause (A) stating	the	A CONSEQUENCE OF:		101
UNDERLYING	CONDITION last.	(c) Coulon	al homour hose		1960
OTHER SIGNIFIC	ANT CONDITIONS CONTRIBU	ING			
TO THE DEATH	BUT NOT RELATED TO THE TERM NDITION GIVEN IN PART 1 (A).				***************************************
19A. DATE OF C	PERATION 198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	O) 208. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUT	WAS UNDERLYING ING CAUSE OF	218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If In Boltimore	City, give exoct location)
21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
OF INJURY		While At Not While Work At Work	e 🗌		
22. I certify t	hat (1) (#his-hospital) atten			19 60 to au	4/2 1968
	est saw the deceased alive		19 68 and t	hat in(my) (our) apir	nian death accurred an the da
and have and	from the causes stated abo	ve. (1) (We) (did) (d id-not) v			
23A. SIGNATUR	10	in S). Att	nding Med.	Staff	23 B. DATE SIGNED
23C. PHYSICIAN	Little 7. 7.	DEGREE Phy		Phys.	87/3/68
NAME (Typ		M H	42 & Pettinis	Of Are Box	Query Mil V1231
4A. BURIAL CREM	ATION, 248. DATE 2	DEGREE		LOCATION (Cit	y, town, or county) (State)
MEMOVAL (Sp		SARREN HEAD	EMETERY 1	RAITIMA	OF GUATTY MI
SA. DATE REC'D E	Y HEALTH DEPT. 258. N.	AME OF REGISTRAR	25 FUNERAL PIRECTO	2 /-	ADDRESS (
A	11C 9 0 1068 10 0	14 9 1250 Pendo	(MAYOSOND &	J. KACZARAI	VICTI 2525 FLEET



VS 150-REV. 1/1/6B



VS 150-REV. 1/1/68

JOHN Hongman FORY Langert Lamonia Ti noin 108 65-12-21 A 21-166 SOUTH Hand DO melande and brut 50 and the second residence and of transfer or large at 1 State of go a Databastom - 11 Purp 90 - 11-8 Purp on DAR DAR THE TO LAND THE - י־פון הו מיתטים כן, א. ה.

a hospital and of death

1	0.0	0,500	BALTIMORE CITY	HEALTH DEPARTMENT		68-	8512
7	58	- 85.	LE CERTIFICA	TE OF DEATH	REG. NO		
BIRTH NO.					ND HOUR OF DEATH		
(Type or Print)	WILHELM	TNITA	C. BONSALI				14: 2=0.
				Aug	ust 17, 196	O	4; 35PN
3. PLACE IN BALI	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	A. STATE B. COU	NTY	-	
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTIT	UTION, GIVE STREET	Maryland		1-0	
HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION				C. CITY OR TOWN TO INSIDE CITY LIMITS?			
				Baltimore		YES X	NO 🗌
33 J	Johns Hopkins	Hospit	a1	E. STREET AND NUMBER			
				4109 Echodale Avenue			
5. SEX	6. RACE	7. MARRIÈD	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 You Months: Doys	r. If Under 24 Hrs s Hours Min.
Female	White	WIDOWED	= =	11-14-1889	last birthdoy) 78	Months Doy	s riours with.
MA USUAL OCCL	JPATION (Give kind of work			11. BIRTHPLACE (State or for		12. CITIZEN	OF WHAT COUNTR
	working tile, even il retired)						
Seamstre	SS			Maryland		U.	S.A.
3. FATHER'S NAM	ME			14. MOTHER'S MAIDEN NA	AME		
1	oseph Green	walt		Marv	(Unknown)		
	Ever in U. S. Armed For		1 6. SOCIAL	17. INFORMANT	(GIIKHOWII)	ADI	DRESS
Yes, no or unknown)	(If yes, give wor or dote	s of service)	SECURITY NO.		77	001 B	11 + 11 7 1
No 217-01-1724				Mr. Douglas P	. French, Sr	. 281 Ro	undhill Rd
DISEASES C	ANTECEDENT CAUSES OR CONDITIONS, if o obove couse (A) G CONDITION lost.	ony, giving	(B) (B) DUE TO, OR AS	a CONSEQUENCE OF	alu Cluez	sluce	8 Meultes
TO THE DEAT		HE TERMINAL T 1 (A).	WHICH OPERATION	20 A. AUTOPSY? (Yes or 1	No) 20B. IF YES, WERE	FINDINGS COL	NSIDERED
19A. DATE OF	WAS PER	FORMED			IN CERTIFYING CA	AUSES OF DEAT	in:
OR CONTRIBL	NT WAS UNDERLYING DITING CAUSE OF	211 hor etc	me, lorm, loctory, street, o	n or about 21 C. WHERE DID Inice bidg., INJURY OCCUR?	(If in Boltimo	re City, give exc	oct locotion)
21D. TIME	(Month) (Doy) (Year)	(Hour) 211	E. INJURY OCCURRED	21 F. HOW DID IN	NJURY OCCUR?		
OF INJURY			hile At Not While				
			ork L At Work	17		1:0	10
22. 1 certify	that (1) (this haspita	l) attended	the deceased fram	18	19 Sa to 0	1.1.	1940
that (l) (we)	last saw the decease	ed alive an.	6/18	1968 and	that in (my) (aur) ap	inlan death a	ccurred on the da
and haur and	d fram the causes sta	ted abave	(I) (We) (did) (did nat)	liew the bady after death	. Talked to	examin	es offece
23A. SIGNATU	Λ.					238. DATE SI	
El	od walue	ron	DEGREE Phy		Staff Phys.	8/19	9/68
23 C. PHYSICIA NAME (T	vne)			23D. ADDRESS			
	Dr. E.W.		DEGREE		ick Avenue,		
24A. BURIAL CRE REMOVAL (MATION, 24B, DATE Specify)	24C. N	IAME OF CEMETERY OF CR	EMATORY 24D.	LOCATION	City, town, or co	unty) (Stote)

VS 150-REV. 1/1/68

Burial 25A. DATE REC'D BY

AUG

1968 ho_, 25B. NAME OF

8-21 HEALTH DEPT. 21 1968

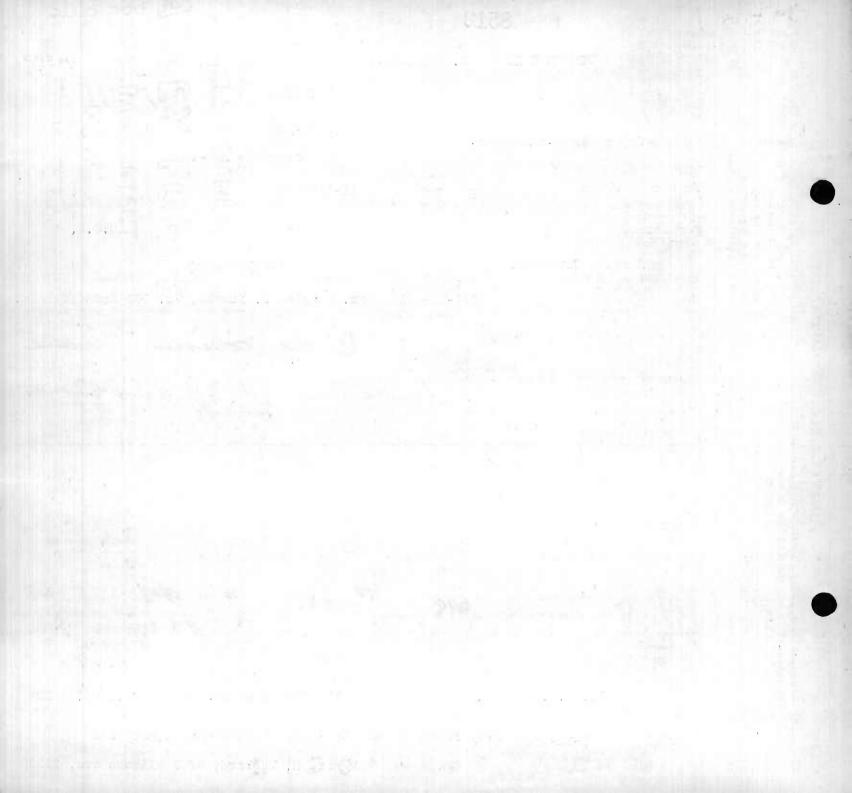
Howa fd

Holy Family Church Cemetery

Harrisonville, Maryland 25C. FUNERAL DIRECTOR

ADDRESS

Hubbard, 4107 Wilkens Ave. 21229



VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

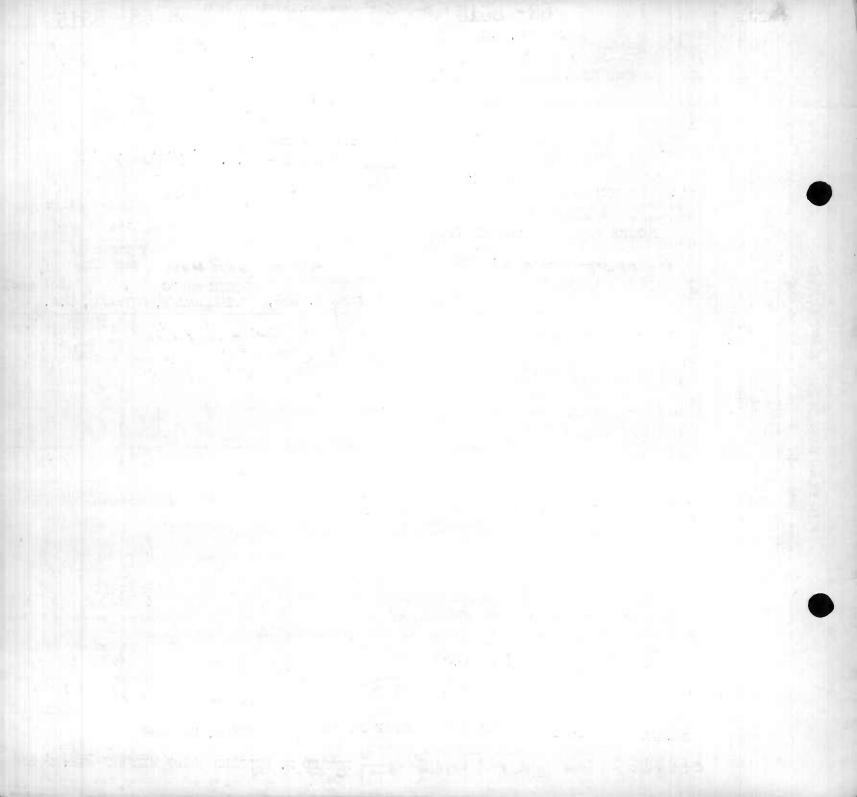


00	CERTIFICA	TE OF DEATH	00 0014	
BIRTH NO. 1, NAME OF DECEASED		2. DATE AND HOUR OF DEA	TH.	
Type or Print)	MEL 1 1511C		1 1 1 5 A	
	IAEL J. LEWIS	8-18-68	4.47 A N	
PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	A. STATE B. COUNTY	f institution; residence before odmission/	
TULL NAME OF (IF NOT IN HOSPIT	AL OR INSTITUTION, GIVE STREET	MARYLAND BALTIM	ORE CITY	
OSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET ATION)	C. CITY OR TOWN	NSIDE CITY LIMITS?	
	PKINS HOSPITAL	BALTIMORE E. STREET AND NUMBER		
33 1112 001313 110	TRING HOST TIME			
		518 SOUTH SMALLWOO	D STRRET	
SEX 6. RACE	7. 144 2014 101 101 101 101 101 101	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr If Under 24 Hrs.	
MALE WHITE	7. MARRISOXX NEVER MARRIED	lost birthdoy)	Months Days Hours Min.	
· · · · - -	WIDOWED DIVORCED	12-21-46 21		
one during most of working life, even if retired)	TIOR KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY	
Surveyor		Maryland	U.S.A.	
FATHER'S NAME W.		14. MOTHER'S MAIDEN NAME		
•	EVIC OR	ROSEMARY XXXXXXX	Keith	
CHARLES L				
S. Was Deceased Ever in U. S. Armed For es, no or unknown) (If yes, give war or date	ces? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS 2122	
	216-50-4711	Mrs. Margaret G. Lewis,	519 C C-cll C+	
18.4 7 7 0 1	CAUSE OF DEAT	H	APPROXIMATE INTERVAL	
13-11,0			BETWEEN ONSET AND DEAT	
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OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION GIVEN IN PAR	HE TERMINAL MUMO-	ma; D.T. bleed		
19A. DATE OF OPERATION 19B. CON WAS PER	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, o	n or obout 21 CWHERE DID (If In Boltin ffice bldg., INUURY OCCUR?	more City, give exact location)	
21D. TIME (Month) (Doy) (Year) OF INJURY	(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?		
(APPROX.)	While At Not Whi	e		
M		17 10	a 10 10	
22. I certify that (1) this haspital	0. 1	19 68 to	mg /8 1968	
that (1) (we) last saw the decease	ed alive an	19 6 5 and that in (my) (aur)	aplnion death accurred an the da	
and hour and from the causes sta	ted abave (1) (We) (did) (old nat)	view the bady after death.		
28A. SGNATURE			23B, DATE SIGNED	
1		ending Med. Shaff	8-18-68	
Journo Com	DEGREE Phy	s. U Director U Phys. U		
23C HYSICIAN'S NAME (Type)		23D. ADDRESS	2 2120	
LEONA	RD ROSOFF DEGREE	601 N. BROADUA	Y' BALTIMORE	
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR		(City, town, or county) (Stote)	
REMOVAL (Specify)		711 1		
Burial 8-21-1			d., Howard Co., Md.	
SA. DATE RECAUGHEALTH DEPT.	05B, NAME OF REGISTRAP	25C. FUNERAL DIRECTOR	ADDRESS	
. 144 By 1900 (ILLY MALLY THE	Howard H. Hubbard, 410	7 Wilkens Ave. 2122	

VS 150-REV. 1/1/68

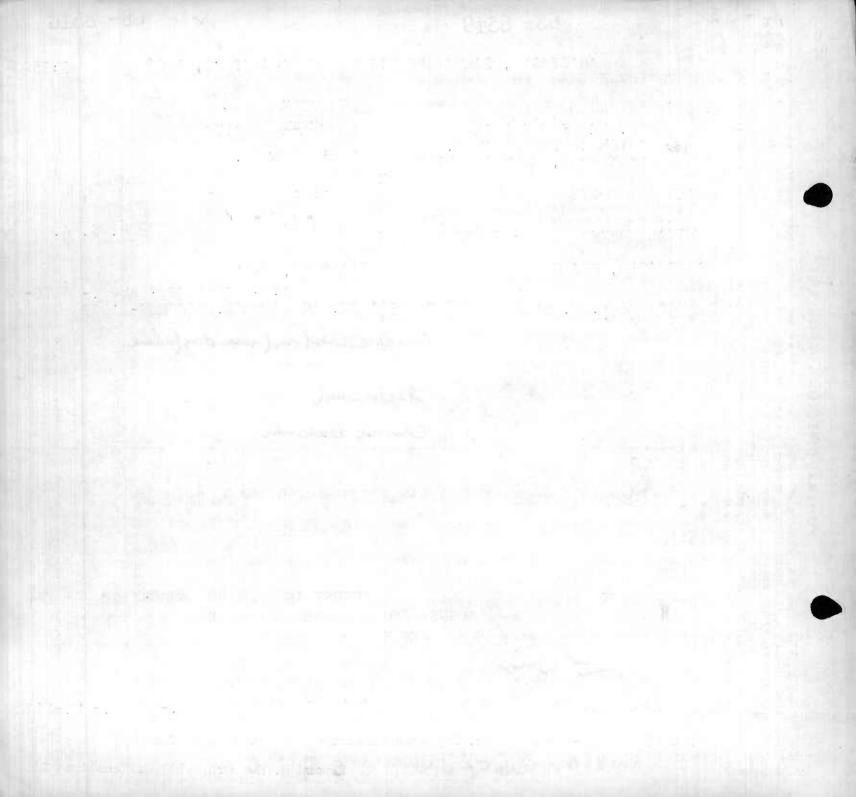
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ast saw the deceased from the causes stated	d obave. (I)	8-10-68 (We) (did) (did not) view the bod	ly after deoth	n.	opinian deatl	
ATION, 24B. DATE	20 m M	DEGREE F	23 D. ADDRESS	SUMIL 132	Phys. D	(City, town, or	(Stote)
R CITICO TO THE TO THE PORT OF	abave cause (A) CONDITION last.	R CONDITIONS, if any, giving abave cause (A) stating the CONDITION last.	R CONDITIONS, if any, giving abave cause (A) stating the CONDITION last. (C) DUE TO, OR DUE TO, OR CONDITION last. (C) CONDITION State of CEMETERY OF ALCOHOLD CAUSE OF Medical examiner) (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED White At Work At	R CONDITIONS, if any, giving abave cause (A) stating the CONDITION last. (C) CANT CONDITION S CONTRIBUTING BUT NOT RELATED TO THE TERMINAL INDITION GIVEN IN PART 1 (A). OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORMED CAUSE OF medical examiner) T WAS UNDERLYING home, farm, factary, street, office bidg., IN. (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While A1 Work A1 WO	R CONDITIONS, if any, giving abave cause (A) stating the CONDITION tost. (C) CONDITION CONTRIBUTING	(B) DUE TO, OR AS A CONSEQUENCE OF: abave cause (A) stating the CONDITION tast. (C)	CONDITIONS, if any, giving abave cause (A) stating the CONDITION tost.



VS 150-REV. 1/1/6B

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	00-	8516 CERTIFIC	ATE OF DEATH	REG. NO	68- 8516	
IRTH NO.		CERTITO		D HOUR OF DEATH		
Type or Print)		O, SALVATORE VI			0 1 2 254	
PLACE IN BAL	TIMORE, MARYLAND, WHER				nstitution: residence before admission	
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FULL NAME OF	(IF NOT IN HOSPITAL	OR INSTITUTION, GIVE STREET	NEW YORK	V-d	7	
NSTITUTION	T. A GNES HOSE		C. CITY OR TOWN ASTORIA	D. INS	IDE CITY LIMITS?	
1 / 4	ATON & WILKE		E. STREET AND NUMBER	CITY	YES NO NO	
/						
. SEX	ALTIMORE, MAI			AGE (In years	If Under 1 Yr., If Under 24 Hrs	
MALE	1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MARRIED NEVER MARRIED VIDOWED DIVORCED	2	ost birthdoy)	Months Doys Hours Min.	
	JPATION (Give kind of work 108 working life, even if retired)	RIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY	
METAL 1		FACTERN DOLLING	NEW YORK		U. S. A.	
3. FATHER'S NAM		EASTERN ROLLING	14. MOTHER'S MAIDEN NAM	NE.		
ANIACTAC	IO EDANIA		VANACORE			
	IO, FRANK Ever in U. S. Armed Forces:	? 16. SOCIAL	VANAGORE E LUC	IA	ADDRESS	
res, no or unknown	(If yes, give wor or dotes of	SECURITY NO.	CATON	& WILKEN	S AVES BALTO-M	
YES	W. W. #2	086 05 134	1 ST. AGNES HO	SP. RECOR		
18.	1 / 1	CAUSE OF DEA			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT	
DISEAS	SE OR CONDITION DIREC	TLY Cand	iac arrest and re	spiraton fair	lune	
(71.	LEADING TO DEATH	(A)IMMEDIATE C	AUSE	1 0 V		
	not mean the mode of dy asthenia, etc. It means the		AS A CONSEQUENCE OF:			
injuly of cam	aplication which coused de					
,	ANTECEDENT CAUSES	(B) Sept	icemia			
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DISEASES C			icemia as a consequence of: nic lenhema			
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VS 151-REV. 1/1/68

	BALTIMORE CITY HE	Λ	CO OFIN
	MEDICAL EXAMINER'S (CERTIFICATE OF DEATH REG. NO	68- 8517
	TH NO.		
1. (Tvi	NAME OF DECEASED De or Print)	2. DATE Known Month Doy	Yeor Hour
Ĺ	VICTOR Jack MILLER	DEATH Estimated August 15, 196	2:30 P. _{M.}
4.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
HO	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD August 15, 1968 5. USUAL RESIDENCE (Where deceased lived. If institution:	2:30 P. _{M.}
	St. Agnes Hospital	A. STATE Maryland B. COUNTY	Baltimore
6.	Male 7. RACE 8. MARRIED NEVER MARRIED	Baltimore Cockeysville D. INSIDE CIT	
9.1	DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.	S Warren Ct. 1014.3 CHARING	4 ~ -
11.	BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME EQUIATED Miller	
	USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTR'	Y 15. MOTHER'S MAIDEN NAME	
	WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 19. poortynkopwn)/(if yes, give wor or datas of service) SECURITY NO.	18. INFORMANT AD	DRESS
	WWTL WWII 493-20-2565	rawily records	
	19. // CAUSE OF DEA	TH /	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE ON CONDITION DIRECTE	clerotic Cardiovascular Diseas	e BETWEEN ONSET AND DEATH
	LEADING TO DEATH (A) IMMEDIATE ((This does not mean the mode of dying, e.g., DUF TO, OR.		
	heort loilure, osthenio, etc. It meons the disease, injury or complication which caused death.)	AS A CONSEQUENCE OF:	
	ANTECEDENT CAUSES (8)		
		AS A CONSEQUENCE OF:	
2	UNDERLYING CONDITION LAST. (C)		
은	422.1 11		
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
RT	20 A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
Ö			yes
7	22A. EXTERNAL CAUSE WAS 228. PLACE OF INJURY(e.g.,	in an about 22C WINEDE DID (II in Bullium City of	
EDICAL		in or obout 22C. WHERE DID (If in Boltimore City, give exoce bldg., etc.) INJURY OCCUR?	rioconon)
Σ	22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
		WHILE	
	23. m. WORK AT W	VORK L	
	I certify that I held on Inquiry Inspection Au	topsy 🗵 ond that on this basis, death in my c	ppinion
			1
	resulted from Notural couses X Accident Suicia		
	ACTUAL AND	CHIEF MEDICAL EXAMINER	DATE SIGNED
	SIGNATURE		
	EXAMINER'S Edward F. Wilson, M.D. NAME (Type)	ASSOCIATE MEDICAL EXAMINER AL	JGUST 16, 1968
24.	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town,	or county) (State)
RE	Burial Aug. 19, 1968 Dulaney Valle	y Memorial Cockersuille	MI
25	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF RESISTRAR	25C. FUNERAL DIRECTOR AD	DRESS
	ALIC 91 MCU A A A A T. O	Jake Burner	6. 11.1

- Getgesille Abylis 1925 C THE CHARMS THE LET Salement : Cumot federly Florence Lebour एक में मार्थ में मार्थ में मार्थ में मार्थ में मार्थ में Final My Holles believe tilles themail Cockes willed the the same the same than the same the sam

Col. MS serverous 201 36/8/6 × 対するなら りょれ間 323382 ASTRICA CONTINUE 0.573.0 STEREFUL SETTING うなてびはん 写像 ねるてか 待一 agent 18 th agent to answer 2 corpus 11-20 CORRORS I VERELES & D. Blanck Now C. Mywolf To V. S. 1871

4-324

68- 8519 BALTIMORE CITY HEALTH DEPARTMENT

				L 1
MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	6

										DEAT	L (8-8	3519	
BIRT	H NO.		MED	ICAL		AMIINEK 3	SEKIIFI	CAI	E OF	DEAT	REG. NO			_
1. N (Type	or Print)	ME OF DECEASED FORTHUE LEITZER CERN TRUBE LEITZER CERN STUDE CERN TRUBE CERN TRUBE CERN TRUBE CERN TRUBE CERN TRUBE CERN STUDE CERN TRUBE CERN STUDE CERN STUDE		Yeor	Hour	м.								
FULL	NAME OF	TIMORE, MA	T IN HOSPITA	LORINST	ONOU	NCED DEAD	3. DATE	UNCED	DEAD			Yeor 1968	Hour 11:45	P _M .
OR II	PITAL NSTITUTION Ra1t				1		A. STATE			deceased liv	ed. If institution	on: residence	before admissio	
6. S			020) 110			NEVER MARRIED			α		D. INSIDE	CITY LIMITS?		
f	emale	whi	te				Ba	ltimo	re			YES X	NO 🗌	
9. D	ATE OF BIRT	16			If Unde Manths	r 1 Yr. If Under 24 Hrs. Doys , Hours , Min.				tle Cr	ove Ros	nd	52	20
11. B	IRTHPLACE (S	State or foreig	n country)	1	WH	AT COUNTRY?	13. FATHER	'S NAM	E	_		u		
				4B. KIND							<u>B</u>			
1	10USE	WIFE		FORCES	117	7 SOCIAL	ANA	A	VA.	NICK		ADDRESS		
	no ar unknawn				2	SECURITY NO.			ドアフ	FR		BOVE		
1	9.	1816	^	-			901	- 111 -			F7_L	A	PPROXIMATE INTE	
	DISEAS	E OR COND	ITION DIREC	TLY		Cranio	-Careh	ral T	niuri	88		DE I	WEEN ONSET AND	UEAIN
						(A)IMMEDIATE	CAUSE							
	heart failure	, asthenia, etc	. It means the	disease,		DUE TO, OR	AS A CONSE	QUENCE (OF:					
				GIVING		(B)	AS A CONS	QUENCE	OF:					
z	RISE TO THE	E ABOVE CA	USE (A) STAT						· · ·					
CERTIFICATION	TO THE DE	ATH BUT NOT	RELATED TO	THE TERMI	ING NAL				**********					
CERT					OR WI	HICH OPERATION W	AS PERFOR	MED				21. AUT	OPSY? (Yes or Yes	No)
1 3 1				2	22B. PLA	ACE OF INJURY (e.g.,	In ar obaut e bldg., etc.)	INJURY (OCCUR?				53=0	
Σ	UTING CA	USE OF DEA	ATH.) (Haur) 22E.		(5)				ID2			_
	(APPROX.)	8/18/6	8 6:39	P.	m. WHI	LE AT NOT	WHILE Y	au	to ma	king a	left.	turn	I out of	
	l cert								-					
	resul	ted from: N	loturol cou	ses 📙	Acc	ident K. Suicio	de 📙 H				ned monner			
			5110	1.	5	3	ASS				K		DATE SIGNE	D
	EXAMIN	ER'S	Werner	U. S	pitz		'·						8/19/68	3
24A REN	BURIAL CRE	MATION, 2	24B. DATE	1.0	24C.1	NAME of CEMETERY	or CREMAT	ORY	24D.	LOCATION	(City, to	wn, or county	(State)	
	BURIA	4	8/2:	-/68	_	ST, JOSE +			6	BALTO	me	ADDRESS		
25A	DATE REC	UG 211	1968 (25B N	D S	REGISTRAR			L DIRECT	OR			20 = =	
	60			g-rig	,	13 100	V		-01/	12 LLY	SON	5	300 M	MCE

SHEET LINES

H-420

VS 151-REV. 1/1/6B

68-8520 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

68-	8520
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BIR	TH NO.		77120			Will the Co	CLIVIIII		DLA	REG. NO.			
1. N	AME OF DECI	EASED					2. DATE	Known 🗌	Month	Day	Year	Haur	
(Тур	HOWARD)			HUL	SE	OF DEATH	Estimoted X	X UNK			UNK	
4. P	LACE IN BALT		ARYLAND, W	HERE PR			3. DATE		Month	Doy	Yeor	Hour	<u>M.</u>
FULI	NAME OF	(IF NO		LORINST		I, GIVE STREET		NCED DEAD	Augus		1968	11:40	M.
25	Room 33		0 E. Ba				A. STATE Ma:	cyland	ere deceded if	B. COUNTY	,	1	<i></i>
6. S	male	7. RACE whi		B. MARR		NEVER MARRIED	C. CITY OR	ltimore		D. INSIDE CIT			
	ATE OF BIRTH		10. AGE (In last birthday	yeors	If Unde	r 1 Yr. If Under 24 Hrs. Days Haurs Min.	E. STREET A	ND NUMBER	700 F	Baltimor	s Kl	NÕ L	
11. 8	Md	ate or forei				IZEN OF IAT COUNTRY? USA	13. FATHER'			Daicimoi	e ber	ccc	
14A.		ATION (Gi	ve kind of work 1	4B. KIND	OF BU	SINESS OR INDUSTR				-			
	during mast of w												
	WAS DECEASE					7. SOCIAL	IB. INFORM	Johanna	Pusch	AC	DRESS		
(Tes,	Yes	2 40 0	war or dates o	at service)		SECURITY NO.		Family		S	sme		
	9.	1 . 1			-	CAUSE OF DEA	TH				Al	PROXIMATE INTE	
TION	(This does not heart failure, injury ar community of the UNDERLYIN	EADING To the mean the asthenia, et- plication whi ITECEDENT OR CONDIST ABOVE CA G CONDIST	made of dyi c. It means the ich caused deo CAUSES ONS, IF ANY, USE (A) STAT ION LAST.	ng, e.g., disease, th.) GIVING ING THE		(A)IMMEDIATE (DUE TO, OR			ver				
CERTIFICATION	TO THE DEA	TH BUT NO	NDITIONS CO T RELATED TO I GIVEN IN PA	RT 1 (A)	NAL			one of the standard (in replaying the delaying amounts and advantages, see					
3	ZOA. DATE OF	OPERATIO	N 20B. CON	DITION	FOR WI	HICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes or	No)
	1										1	Yes	
MEDIC	UNDERLYING UTING CAL 22D. TIME (F OF INJURY (APPROX.)	JSE OF DE	ITRIB-) (Hour) 22E.		ce bldg., etc.) II	2C. WHERE DII NJURY OCCUR 2F. HOW DID	?		ct lacation)		
		RE COLOR	Werner	4-(20	nspection Page Suicion Suicion M.D.	ASSIS	and that on micide CHIEF MEDICA STANT MEDICA CIATE MEDICA	Undetermi L EXAMINER L EXAMINER	- Free Pa	j	date signe 8/19/68	
	BURIAL CREM NOVAL (Specify Burial	ATION,	24B. DATE	10	24C.	NAME of CEMETERY		RY 24	D. LOCATION	(City, town	, or county) (Stote)
25 ^	DATE REC'D		8/22/ DEPT	08 258 N	AMEO	Ceadr Hill		UNERAL DIREC	AA C	o Md	DORESS		
237		UG 2		R.P.	b	E. Fallenna	M	1200	FH.	V37H	1/1	pacol	Zue

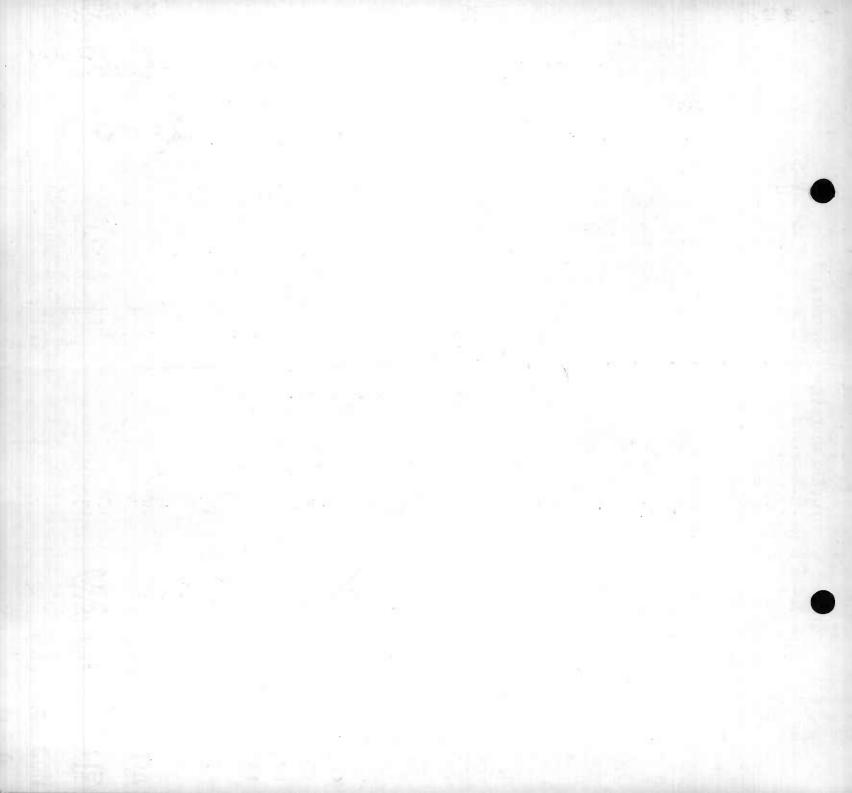
F-632

68- 8521 BALTIMORE CITY HEALTH DEPARTMENT

			MED	DICA	L EX	AMINER'S	CERTIFIC	CATE OF	DEATI	REG. NO.	68-	8521
-	TH NO.									NEO. 140		
1.	NAME OF DEC	EASED					2. DATE OF	Known 🗌	Month	Doy	Yeor	Hour
(,,,	PEYTON		S.		F	ORTSON	DEATH	Estimoted 🛣	Augu	st 19,	1968	11:10 Am.
4.	PLACE IN BAL	TIMORE, MA	ARYLAND,	WHERE P	RONO	JNCED DEAD	3. DATE		Month	Day	Year	Haur
HO	L NAME OF SPITAL INSTITUTION	(IF NO	ESS OR LOCA	ALORINS	OITUTITE	N, GIVE STREET		INCED DEAD	Augu		1968	11:10 A _{M.}
1	//						A. STATE	SIDENCE (Where		ed. If institution 3. COUNTY	: residence l	before odmission)
17	O Luth	eran Ho	ospita:	1				land			-0%	
6.	SEX	7. RACE		B. MAR	RIED [NEVER MARRIED	C. CITY OR	TOWN		D. IN SIDE CI	TY LIMITS?	
	male	whit	te		WED [_	Balt	imore		I S	s 🕮	NO 🗆
9.1	DATE OF BIRT	Н	10.AGE (In yeors	If Und	er 1 Yr. If Under 24 Hrs	E. STREET A	ND NUMBER		11	:3 [-]	NOL
	-19-19		lost birthde	oy)	Month	Doys Hours Min.		E. Frankl	in Ave	nue		
If.	BIRTHPLACE (S	tote or forei	gn country)			TIZEN OF	13. FATHER'					
	xx his	x Flor	140		W	HALCOUNTRY?		7 1	forteon			
14A	USUAL OCCU	PATION (Giv	ve kind of work	14B. KIN	D OF BI	JSINESS OR INDUSTR	Y 15. MOTHER	S MAIDEN NAM	VE CEOL			
don	eduring most of w		ven if retired)		กดสำ	tion Co		Maude	Groff			
16.	WAS DECEAS	ED EVED IN	U.S. ARME			7. SOCIAL	18. INFORM	ANT		Al	DDRESS	
4.1	no or unknown)	(it yes, give	wor or dotes	of service	e)	SECURITY NO.	F	mily			Same	
	19.	100				CAUSE OF DEA			_		AP	PROXIMATE INTERVAL
	2-1	0 0				0,,002 0, 02,						EEN ONSET AND DEATH
		E OR COND		CTLY		Gunshot	Wound o	f Head				
		LEADING TO				(A)IMMEDIATE	CAUSE					
	heort foilure	ot meon the , osthenio, etc	c. It meons th	e diseose,		DUE TO, OR	AS A CONSEQ	JEN CE OF:				
	Injury or con	plication whi	ich coused de	oth.)								
	14	NTECEDENT	CAUSES			(n)						
				Y, GIVING	;	DUE TO, OR	AS A CONSEC	UENCE OF:				
	RISE TO THE	OR CONDITI E ABOVE CA NG CONDIT	USE (A) STA	TING THE								
Z	ONDEREIN	TO COMDIT	TOIN LAST.			(c)						
CERTIFICATION		×.×	11									
S		IFICANT COL										
E	DISEASE OR	CONDITION	GIVENINE	ART 1 (A)).			*				
ER.	20A. DATE OF	OPERATIO	N 20B. CO	NDITION	FOR W	HICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes or No)
O	2											Yes
₹	22A. EXTERI	NAL CAUSE	WAS		22B. PL	ACE OF INJURY(e.g.	In or obout 2:	C. WHERE DID	If in Boltimore	Cltv. give exo	ct location)	
8	UNDERLYING					ACE OF INJURY (e.g. form, foctory, street, offi	ce bldg., etc.) IN					
MEDI	UTING CA			-\ /u.		en's room	2	232 N. Fr			ad	
	OF INJURY		Doy) (Yeo	8:1	0- WH	HEAT NO	T WHILE C					
	(APPROX.) {	8/19/68	8 Bet) P;	m. WC	ORK NO AT	WORK	Subj. s	shot XX	k self	in hea	ad
	I cert	ify that I h	eld on	Inquiry		Inspection A	stapsy X	and that an th	is basis	leath in my	aninian	
						Ident Suici					•	
	result	ed inom: N	TOTOTO COL	ses 🔲	Caci	30161				ed manner L	_	
	ACTUAL	1400	2 3	Λ)	0)-	The state of the s	HIEF MEDICAL E		-		DATE SIGNED
	SIGNATU	JRE LU	Tus	14	4	VE M.I	D. ASSIS	TANT MEDICAL E	XAMINER	X		
	EXAMINI	ER'S V	Verner	U. S	pitz			CIATE MEDICAL E	XAMINER		3	3/19/68
	NAME (T	ype)			-							
	BURIAL CREA	MATION,	24B. DATE	- 10	24C.	NAME of CEMETERY	or CREMATO	RY 24D. I	LOCATION	(City, town	, or county)	(Stote)
KEI	Burial	*/	8/19/	68	G	len Haven M	em Pk	-	len Bu	rnie, Md	I AI	A Co
25/	DATE REC'D	BY HEALTH	DEPT.			F REGISTRAR		UNERAL DIRECTO			DÓRESS	
	A	IUG X 1	1968	020.		2. Farberna	-m	0 111	-11 9	1274	1	and BAID
	4		1	400	-		NIC	Gelly 1.	170	2/11	alaya	see wo
VS	51-REV. 1/1/6B	1	101	11 9		6	7			11		-11-19/5

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	68- 8522 CENTIFICA		REG. NO. 68-	8522
BIR	TH NO. Allera CERTIFICA	TE OF DEATH		0000
(Ту	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	Aug.	HOUR OF DEATH	900 AM M. esidence before odmission)
HC	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)	I A I	thinge D. INSIDE CITY L	IMITS?
1	Maryland General Hospital	E. STREET AND NUMBER	e. NES	NO D
-	SEX 6. RACE / 7. MARRIED NEVER MARRIED D	B. DATE OF BIRTH 9.	AGE (In years II Unde	er 1 Yr., If Under 24 Hrs.
	WIDOWED DIVORCED	05/05/03 lost	65 Months	Doys Hours Min.
49	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of foreign	iz. Citi	U.S.A.
13.	FATHER'S NAME William Allen Lopez, Sr.	14. MOTHER'S MAIDEN NAME	wite.	
15. (Ye	Wos Deceosed Ever in U. S. Armed Forces? s,no or unknown) 4 yes, give wor or doles of service) SECURITY NO.	17. INFORMANT		ADDRESS
	marken no.	University H	os sotal Eme	seen a Room
	18./ 7 3 9 1 CAUSE OF DEATH	noma, squam	ons cell, car	APPROXIMATE INTERVAL
	injury ar complication which caused death.)			
	ANTECEDENT CAUSES	CHO PNEUTO N	MA	
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS rise to the obove couse (A) stoting the	A CONSEQUENCE OF:		
	UNDERLYING CONDITION last. (C)			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	uz bronchitie		20 years.
IFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 2	OB. IF YES, WERE FINDINGS N CERTIFYING CAUSES OF	CONSIDERED
CERTI	218 LACE OF INJURY (e.g., in	n or obout 21 C. WHERE DID	(If in Boltimore City, give	ve exoct locotion)
CAL	OR CONTRIBUTING CAUSE OF home, lorm, lactory, street, of DEATH (notify medical examiner)	ince bidg., INJORI OCCOR:		
MEDIC	21 D. TIME (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED OF INJURY (APPROX.) While At Not While	21 F. HOW DID INJUR	OCCUR?	
	Work At Work	July 31	68 10 August	1968
	22. I certify that (1) (this haspital) attended the deceased from that (1) (we) last sow the deceased olive on August 19	19 6 ond that		oth accurred on the date
	and hour and from the causes stated above. ((1) (Wes (did) (dld not) v			
	23A, SIGNATURE	nding Med. Sta	23 B. DA	TE SIGNED
	Mchard Collect, 11. Figeree Phys	Director Phy 23D. ADDRESS	Au Au	gus 117, 1968
1	RICHAKD C. Keech	med , Deneral	Wosp.	Cold Carl
241	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE REMOVAL (Specify)	MATORY 24D. LOC.	Frederick - as	or county) (Stote)
25)	DATE REC'D AN HEALTH DEPT. 258. NAME OF REGISTRAR	26C. FUNERAL DIRECTOR	1. 8.	9 ADDRESS
VS	150-REV. 1/1/68	July Court	Hoy - sucs.	Holling St.



DIOTIL NIO	6	8-8523	CERTIFICA	TE OF DEATH	REG. NO	68- 8523
INAME OF					D HOUR OF DEATH	
Type or Print	OTZ-GEO	REE C.		- 1	t20,1968-	
3. PLACE IN	BALTIMORE, MARYLAND,		CED DEAD	4. USUAL RESIDENCE (When	e deceosed lived. If i	nstitution: residence before odmission
				A. STATE B. COUN	TY .	A COLUMN A C
FULL NAME HOSPITAL O	OF (IF NOT IN HOSP R ADDRESS OR LO	PITAL OR INSTITUTION	ON, GIVE STREET	maryland		4-06
INSTITUTION				C. CITY OR TOWN		IDE CITY LIMITS?
43			Haritel	E. STREET AND NUMBER		YES NO NO
8	IR AA.	91	Market	2 2 C	1 01	-4-
Soul	1 Nallimo	u vener	al	8. DATE OF BIRTH	the Str	eel
S. SEX	O. KACE		NEVER MARRIED	, , , ,	ost birthdoy)	Months Doys Hours Min.
male	- White	WIDOWED	DIVORCED	10-03-01	66	
	OCCUPATION (Give kind of wo ost of working life, even if retired		ISINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	gn country)	12. CITIZEN OF WHAT COUN
	oreman-Retired			marile 1		USA
3. FATHER'S		*		14. MOTHER'S MAIDEN NAN	NE .	USA
1	11 1/1			11 . 10 0		
beo	use Hinlip	MAH		Ninkelma	ni Kati	0
Yes, no or unk	nown (If yes, give wor or do	otes of service)	SECURITY NO.	17. INFORMANT		ADDRESS
No				Mrs. Gertrude	B. Lotz 3	2 E. Heath St.
1B. / /	211		CAUSE OF DEAT		20 2002	APPROXIMATE INTERVA
DI	SEASE OR CONDITION I	DIRECTLY		0		SETWEEN ONSET AND DE
	LEADING TO DEAT	Н	(A) IMMEDIATE CAL	155 endin an	Tre	Landa Land
	es nat meen the made			A CONSEQUENCE OF:		
	lure, osthenia, etc. It mean camplication which cause			11-		
	ANTECEDENT CAUSI	ES		and shill	tt	215
DISEASE	S OR CONDITIONS, il	I ony giving	(B)OUE TO, OR AS	A CONSEQUENCE OF:	med or	7/2
	the abave cause (A			0		2
UNDERL	YING CONDITION lost.		(c)	Careman of	Lung	-S MM
- 16:	3 X II			U	1	
O THER ST	GNIFICANT CONDITIONS C	ONTRIBUTING				
⋖ DISEASE	OR CONDITION GIVEN IN P.	PART 1 (A).		*****************************		
19A.DAT	E OF OPERATION 198. CO	ONDITION FOR WHI	CH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
				No		
U 21A. AC	CIDENT WAS UNDERLYING TRIBUTING CAUSE OF	21 B. PL		ffice bldg, INJURY OCCUR?	(If in Boltimo	re Cify, give exoct location)
	notify medical examiner	etc.)	,			
0 21 D. TIM	E (Month) (Doy) (Yeo	or) (Hour) 21 E. IN	JURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
OF INJU		While	At Not Whil			
1 AIIIOM		Work	☐ At Work			
	rtify that (1) (this haspit	ral) attended the		/ 00	9 65 to S	1/20 19 C
22. 1 ce	(we) lost sow the decen	sed alive an	8/20	19and the	it in (my) (aur) ap	nian death accurred an the
	(We) 1-31 30W IIIe deced		We) (did) (did nat)	view the bady after death.		
that (1)		tated abave. (1) (
that (1)	r and from the causes st	tated above. (1) (, , (a.a, (a.a,)			23B. DATE SIGNED
that (1)	r and from the causes st	tated above. (1) (Athe	ending Med.	Staff	2//
and hau 23A. SIGN	r and fram the causes st NATURE Dues R. Cell	tated abave. (1) (M DEGREE Phy	s. Director	Shaff Phys.	238, DATE SIGNED 8/20/68
and hau 23A. SIGN	r and fram the causes st NATURE Dues R. Cell	tated abave. (1) (M DEGREE Phy	ending Med. S. Director 23D. ADDRESS		0//

VS 1S0-REV. 1/1/6B

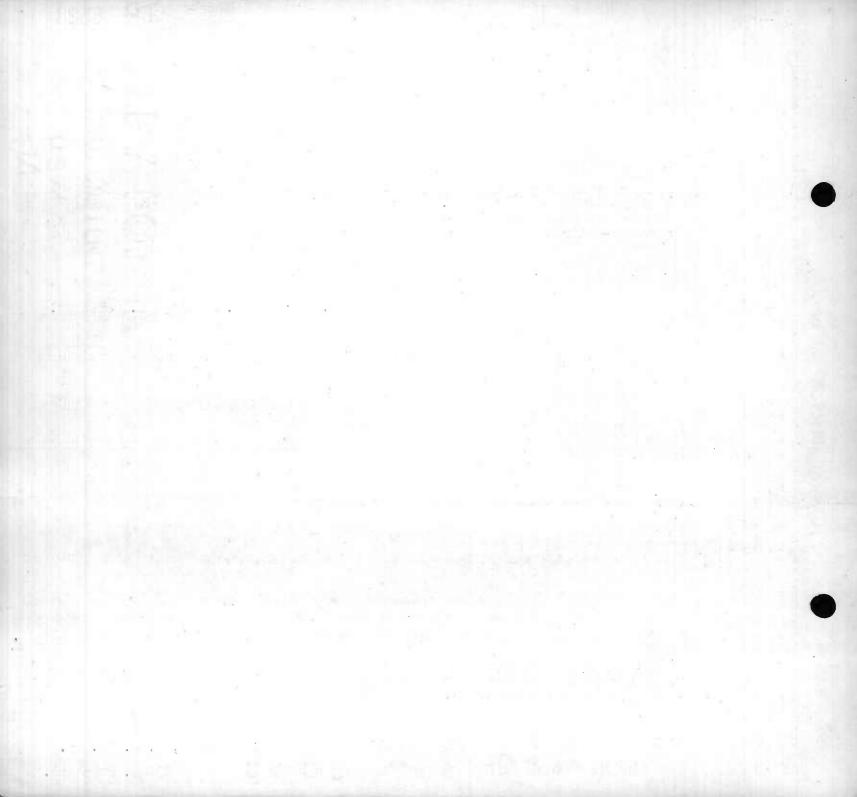
Burial 8 24 25A. DATE REC'D BY HEALTH DEPT. AUG 21 1968 25B. NAME OF REGISTRAR Glen Burnie, A. A. Co Md.

25C. FUNERAL DIRECTOR

3Mc Dully 3

130 E. Fort Av

130 E. Fort Ave.



11532

68- 8524 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH 58-8524
IRTH NO.	REG. NO.
NAME OF DECEASED	2. DATE Known Month Day Year Hour
ype or Print) Henry J. JANOWitz	OF DEATH Estimoled & 17 6+ 510 P.M.
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour PRONOUNCED DEAD
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL ADDRESS OR LOCATION) RINSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
35 Church Home + Hospital	A STATE MARY And B. COUNTY Balto.
SEX 7. RACE B. MARRIED NEVER MARRIED	
SEX 7. RACE B. MARRIED NEVER MARRIED DIVORCED DIVORCED B. COUNTY Balto DATE OF BIRTH 10. AGE (In years H Under 1 Yr. IF Under 24 Hrs. B. STREET AND NUMBER 12-12-17 1. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Balto Mary Balto May Mary 13. FATHER'S NAME Henry Janowitz Manual Cocupation (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME Mary Meat Packing Mary Mary Mary Mary Mary Mary S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SCHRING WAS PROFIDED OF STATE O	
lost birthdoy) Months : Doys : Hours : Min.	
AA.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR' one during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME
Shelfer Meat Packing	
6. WAS DECEASED EVER IN U.S. ARMED FORCES? (a. no or unknown) ((1 10 - 10 - 10 - 10 - 10 - 10 - 10 -	P Honorable Discharge . 1760 Joan Ave.
	· · · · · · · · · · · · · · · · · · ·
DISEASE OR CONDITION DIRECTLY	
(This does not mean the mode of dying, e.g., DUFTO OR.	
ANTECEDENT CAUSES (B)	
	AS A CONSEQUENCE OF:
I IINDERLYING CONDITION LAST	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21. AUTOPSY? (Yes or No)
	No
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	in or obout 22C. WHERE DID (If In Boltimore City, give exoct location)
S DIRECTION OF COLUMN	e bldg., etc.) INJURY OCCUR?
☐ UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
	WHILE
23.	VORK L
I certify that I held an Inquiry Inspection Au	tapsy and that an this basis, death in my opinian
resulted fram: Natural causes Accident Suicident	de HamicIde Undetermined manner
	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE Allerie 1. M.E.	ASSISTANT MEDICAL EXAMINER
EXAMINER'S NAME (Type) Wei-ner U) 3pi72	ASSOCIATE MEDICAL EXAMINER 8-18-65
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify) Burial 8-21-68 Balto. Nation	nal Cemetery Balto. Md.
25A. DATE REC'ANGEATH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS 04
AUG 21 1968 Relate & Facherra	Wm.E.Johnson 8521 Loch Raven Blvd. 212
C 151 057/ 1/1/10	

Maril Same E publish AND THE WILL STOP STOP STOP STORY OF THE PARTY OF THE PAR

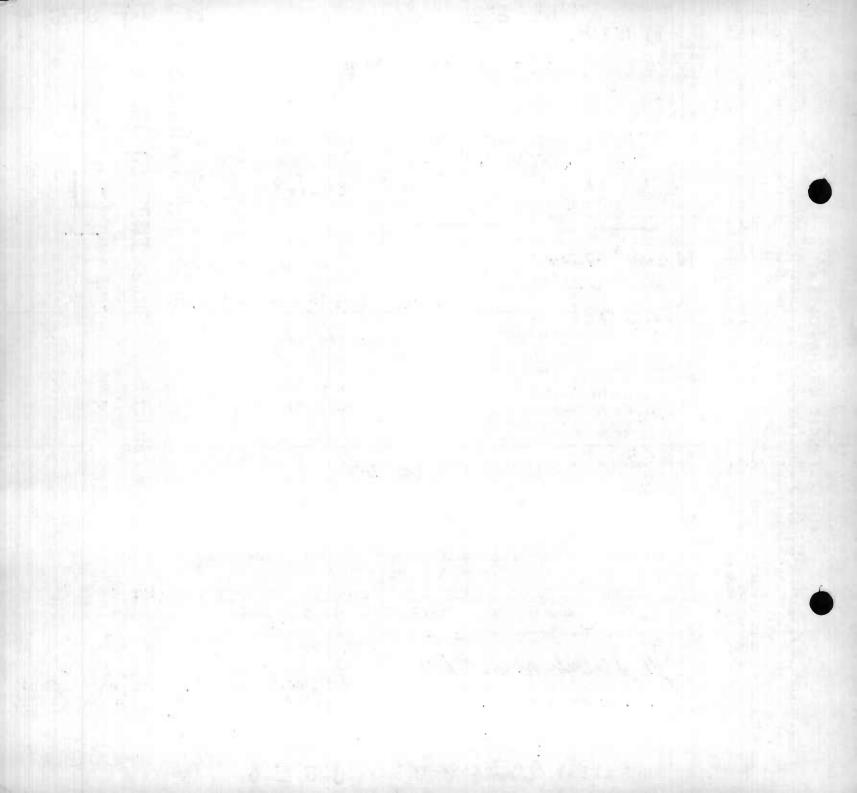
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- William Continue State - Sta

High the many with more to the more than the

68- 85	BALTIMORE CITY	HEALTH DEPARTMENT		68- 0505
	CERTIFICA	TE OF DEATH	REG. NO	00- 0020
BIRTH NO.	OEK TILTO, V		HOUR OF DEATI	
Type or Print) MARGARet AN.	N Smith	Au	919 /	_
. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. It	institution: residence before admission
ULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) STITUTION	STITUTION, GIVE STREET	MARY/And	Anne	Arandello 3200 Iside CITY LIMITS?
INIVERSITY HOSPITAL		Linthicun		YES NO
3 R BALTO ML		E. STREET AND NUMBER		
3 K BAIIS MA		430 MAdINO	alex	
SEX 6. RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	AGE (In years	If Under 1 Yr. It Under 24 Hr Manths Days Hours Min.
Femali white widow	= =	11/30/32	st birthday)	Months Days Hours Min.
A. USUAL OCCUPATION (Give kind of work 10 B. KINE		11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTE
Teacher Annu	EAmendel Co.	Minusta		USA
FATHER'S NAME	- 41	14. MOTHER'S MAIDEN NAM	E	,
EMERY Johnson		FLonence to	tenca (un	Known
. Was Deceased Ever in U. S. Armed Forces? es, no ar unknown) (If yes, give wor or dates of services)	1 6. SOCIAL	17. INFORMANT		ADDRESS
1	SECURITY NO.	Mr. Dona H R. S	-11/11	1) 5 1.801
No	CAUSE OF DEATH		milh (husb	pand) Jame AS"4
7001	CHOOL OF BEAT			BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		· 1 1 1 1		
	(A)IMMEDIATE CAU	SE CANDIAL ARMYTH	mu	
(This does not mean the made of dying, heart failure, osthenio, etc. It means the disea	DUE TO, OR AS A	CONSEQUENCE OF:		
injury ar camplication which coused death.)		- 1		
ANTECEDENT CAUSES	Pa	ssible fol Inf	Anct	
DISEASES OR CONDITIONS, if any, give	ring DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the above cause (A) stating				
UNDERLYING CONDITION Iasi.	(C)			
465 X 11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMING DISEASE OR CONDITION GIVEN IN PART 1 (A).				
		100 A	200 10 1-	
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	OK WHICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
21A ACCIDENT WAS UNDERLYING	010 81 4 05 05 11111011	2500	w - 6 1	C0.
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notity medical examiner)	21 B. PLACE OF INJURY (e.g., ir home, farm, foctory, street, of etc.)	fice bidg., INJURY OCCUR?	(tt In Baltim	are City, give exact location)
21D. TIME (Month! (Day! (Year! (Haur)	21 E. INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
OF INJURY (APPROX.)	While At Not White			
	Work At Work			
22. I certify that (1) (this haspital) attended	ed the deceased fram		G & ta	8/19 19 68
that (1) (we) last saw the deceased alive o	on \$/19	19 CF and tha	t in (my) (aur) a	pinian death accurred an the de
and haur and fram the causes stated abave	e. (1) (We) (did (did not) -			
23A. SIGNATURE	(3, (3,3,1,3), 4			23B. DATE SIGNED
000 0 C 1 111		nding Med. S	itaff 🖎	0/1/1/1
Cho S Caplan MI	DEGREE Phys		hys.	8/19/68
23C. PHYSICIAN'S NAME (Typel ELLIS S EAPL	AN MD	UNIU HOS	pital	13x/10 MJ.
4A. BURIAL CREMATION, 24B. DATE 240	C. NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (City, town, or county! (State)
REMOVAL (Specify)	C1 11		1 8	,
Burial Hig. 22, 1968	slen Haven Men	n. Park Gol	en Burn	1e, Maryland
SA. DATE REC'DAN WEALTH DEPT. 258, NAM	AE OF REGISTRAR	25C, FUNERAL DIRECTOR	5,	ngleton funeral Ho:
TO TO TOWN	W.C., Milleden Hall	W. St english	61	BarBurnie, Md -
\$ 150-REV. 1/1/6B	-	7 7 7		7

Street Rosente Americanical Co-(markers) ___ removement +77-70-07-28 to Down H. R. Smith (Lobert) Smith () Ampagnes the hora can have the Service and the



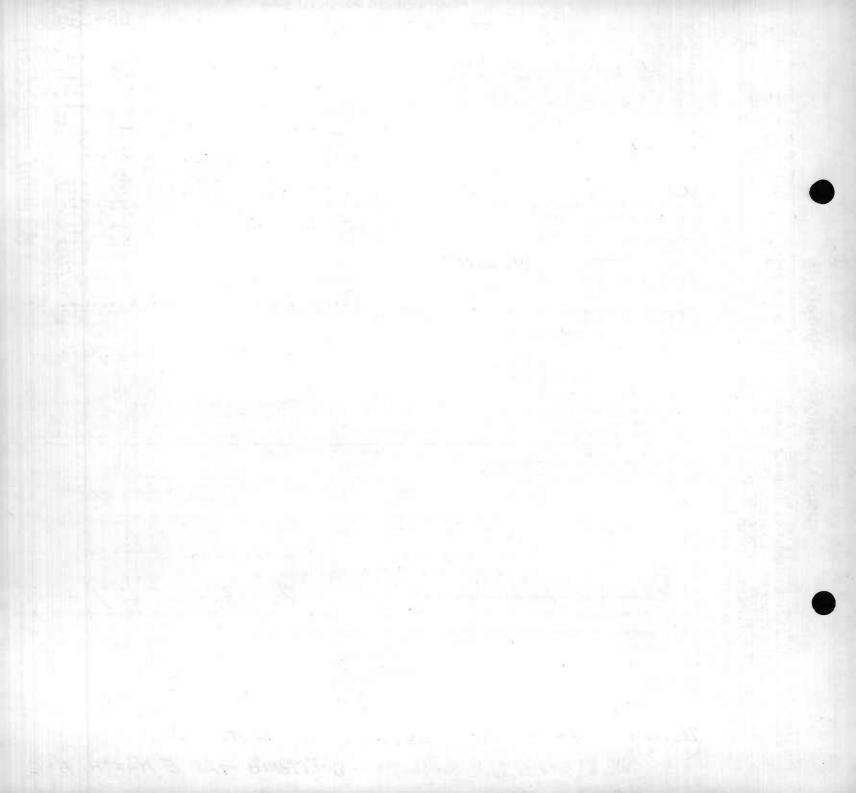
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68- 8527 BALTIMORE CITY HEALTH DEPARTMENT

68- 8527

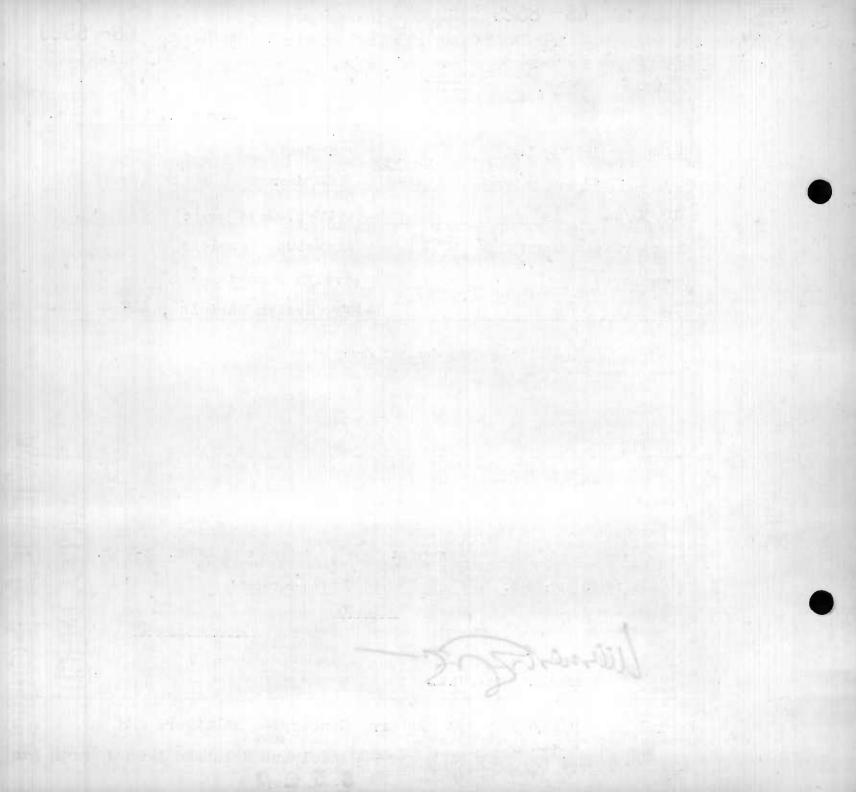
	MEI	DICAL I	EXAMINER'S	CERTIFIC	CATE C	F DEA	TH		- 0021
BIRTH NO.							REG. NO		
I. NAME OF DE	CEASED			2. DATE	Known 🗔	Month	Doy	Year	Hour
(Type or Print)	ENLAURA HAR	DTC		OF	Estimated	26			0.10 -
4 PLACE IN BA	LTIMORE, MARYLAND,	WHERE BOUL	NOUNCED DEAD	3. DATE	Estillored		15 Doy	- 68	9:10 a A
FULL NAME OF			ITION, GIVE STREET	11	JNCED DEAD	Manth	Doy	Yeor	Haur
HOSPITAL	ADDRESS OR LOC	ATION)	IIION, GIVE STREET	1	THE BEAD	Aus	gust 15	1968	8 9:10 a
OR INSTITUTION	NORFOLK			5. USUAL RI	ESIDENCE (WI				before odmission)
00				A. STATE			B. COUNTY		
	2425 Norfork		D.O.A.			yland			
6. SEX	7. RACE	8. MARRIED	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE C	CITY LIMITS?	
Female	Colored	WIDOWED	DIVORCED 1	Balto				ES 🗆 🔌	NO 🗆
9. DATE OF BIRT			Under 1 Yr. If Under 24 Hrs.		ND NUMBER			153 🗀 🍃	NO L
man 1 1	lost birthd		onths Doys Hours Min.		NORH	OLK	C	1 5 -	33
JAN 23,				2425	Norfor	k St.	0	~~	77
11. BIRTHPLACE	(State or foreign country)	12.	CITIZEN OF	13. FATHER	SNAME			100 km	
MARYL	AND		WHAT COUNTRY?					60	1 1 1
		JIAR KIND O	F BUSINESS OR INDUSTR	VIII MOTHE	DIC MAIDENIA	14.445		4 400	74
dane during most of	working life, even if retired)	NIND U	L POSITAESS OK HADOZIK	J. MOTHE	MAIDEN P				
		1		THE	RESA	HAY	ES		
	SED EVER IN U.S. ARME		17. SOCIAL	18. INFORM	MANT			ADDRESS	
Yes, no or unknowr	n) (If yes, give wor or dote:	of service)	SECURITY NO.	T. 1.	D MI		inc- m	N	H AVE
					N.IIAK	12/4	08 E		
19. 1 09	4 X		CAUSE OF DEA	TH					PROXIMATE INTERVAL
1								05111	CENT ONSET AND DEA
DISEAS	SE OR CONDITION DIR	ECILY							
	LEADING TO DEATH		(A)IMMEDIATE O	CAUSE Care	cinoma o	f the h	reast		
(This does	not meon the made of d e, osthenio, etc. It meons th	ying, e.g.,	DUE TO, OR	AS A CONSEQ	UENCE OF:				
injury ar ca	mplication which coused de	eath.)							
A	NTECEDENT CAUSES		(8)						
DISEASES	OR CONDITIONS, IF AN	Y, GIVING	DUE TO, OR	AS A CONSEC	QUENCE OF:				
RISE TO TH	IE ABOVE CAUSE (A) STA NG CONDITION LAST.	ATING THE							
Z	NO CONDITION (ASI.		(C)						
OTHER SIGN TO THE DE DISEASE OF TO THE DISEASE O	X II								
OTHER SIG	NIFICANT CONDITIONS	ONTRIBUTIN	G						
TO THE DE	ATH BUT NOT RELATED TO		AL						
DISEASE OF			D						
ZUA. DATE O	F OPERATION 208. CO	NDIIION FO	R WHICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes or Na)
0									Ta
▼ 22A. FYTER	RNAL CAUSE WAS	1228	PLACE OF INITIDAL	in as about 2	2C WHERE DI	ID /If in Rolling	and City alva as		10
UNDERLYING	G OR CONTRIB-	hor	B. PLACE OF INJURY (e.g., me, form, foctory, street, office	e bldg., etc.)	VIURY OCCUP	??	are City, give ex	oct lacation)	
	AUSE OF DEATH.								
	(Manth) (Doy) (Yes	or) (Haur)	22E.INJURY OCCURRED	2	2F. HOW DID	INJURY OC	CUR?		
OF INJURY				WHILE					
(APPROX.)		m.		VORK					
23.		1381-12		A					
1 cer	tify that I held an	Inquiry	Inspection XX Au	topsy	and that or	n this basis	, death in my	gninion	
resul	ted fram: Natural car	uses ha	Accident Suicio	de 🔲 Ho	micide 🔲	Undetern	nined manner		
	d 1.	1 -7 11			CHIEF MEDICA	L EXAMINER			
ACTUAL	18/1/85	Y	Vilh	ASSI	STANT MEDICA	AL EYAMINED	XX		DATE SIGNED
SIGNAT		2 1 1	M.C).					
EXAMIN				ASSO	CIATE MEDICA	AL EXAMINER			
NAME (. Wilso	n. M.D.						st 15, 196
24A. BURIAL CRE	MATION, 24B. DATE	:	24C. NAME of CEMETERY	ar CREMATO	RY 24	D. LOCATIO	N (City, taw	n, ar couniy)	
REMOVAL (Spec		10	NEW CHAIL	0001	dran -	77 n =	· Mn		
Buria!	8-19	-08	NEW CATHE	UKAL	CEN	PARI	o. Mo.		
25A. DATE REC'D	BY HEALTH DEPT.	25B. NAN	NE OF REGISTRAR	25 C. F	UNERAL DIRE	CTOR		ADDRESS	
			-				ane -	6/	mi u
	ALIC 91 106	SU DO DA	1. D. Fra Gent	UN VY	7.6,17A	ecit	100 E	MORT	TH AVE

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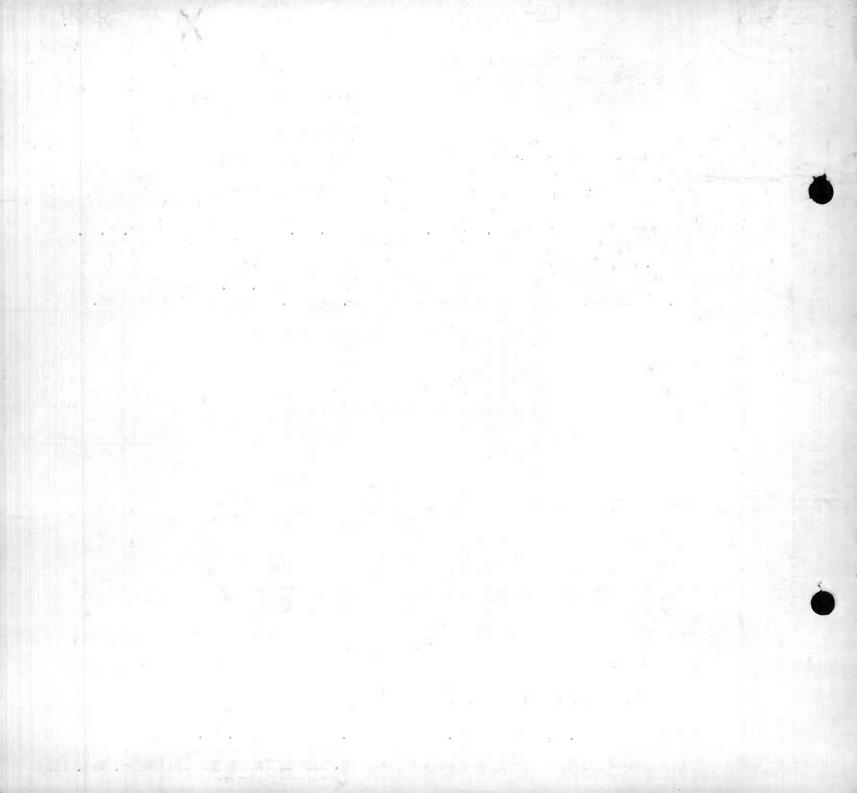
68- 8529 BALTIMORE CITY HE	
MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH 68-8529
BIRTH NO.	REG. NO.
NAME OF DECEASED	2. DATE Known Month Doy Year Hour
Type or Print) CITANTEC C DANTETC	OFVT
CHARLES G. DANIELS PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	Mi.
	PRONOUNCED DEAD
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	August 19, 1968 A.
OR INSTITUTION '	5. USUAL RESIDENCE (Where deceosed lived. If Institution: residence before admission)
/ Undan Wassarial Hamital	A. STATE B. COUNTY
Union Memorial Hospital	Maryland C. CITY OR TOWN MARKET CITY LIMITS?
MARKIED INEVER MARKIEDE	C. CITY OR TOWN
male negro widowed DIVORCED	Baltimore YES X No [
DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER
10/30/44 lost birthdoy) Months, Doys, Hours, Min.	A10 E Chase Chaset
1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	419 E. Chase Street
WHAT COUNTRY?	
chescertrera coancy of a	Augustus Daniels
4A.USUAL OCCUPATION (Give kind of work) The JIND OF BUSINESS OR INDUSTRY one during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME
Unemployed	Evelyn Wood
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	IB. INFORMANT ADDRESS
es, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	
no	4Mrss Evelyn Daniels , 417eE Chase St
19. CAUSE OF DEAT	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
E1.00 /	BEIWEEN ONSELAND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Gunshot	Wound of Head
(A)IMMEDIATE C	AUSE
heart failure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CALIFES	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR A	AS A CONSEQUENCE OF:
MISE TO THE ABOVE CAUSE (A) STATITIO THE	
UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
2 TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No)
	Yes
Z22A EXTERNAL CAUSE WAS 228. PLACE OF INJURY (e.g., home, form, foctory, street, office	in or obout 22C. WHERE DID (If in Boltimore City, give exact location) e bldg., etc.) INJURY OCCUR?
	e bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH. pavement	in front of 407 E. 21-½ St.
22D. TIME (Month) (Doy) (Year) (Hour) 22E. INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
(APPROX.) 8/19/68 10:00 P. m. WHILE AT WORK AT W	WHILE X Undetermined
23.	
I certify that I held an Inquiry Inspection Au	topsy X and that on this basis, death in my opinion
resulted from: Notural couses Accident Suicid	
resulted from: Notural couses Accident Suicid	
ACTUAL 1 DILL A DE CONTRACTOR	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE CUSTOS COME M.D	ASSISTANT MEDICAL EXAMINER
	ASSOCIATE MEDICAL EXAMINER 3/20/68
EXAMINER'S Werner U. Spitz, M.D.	MODELLI MEDIANE ENGINEER (2)
24A, BURIAL CREMATION, 24B, DATE 24C, NAME of CEMETERY	or CREMATORY 240. LOCATION (City, town, or county) (Stole)
REMOVAL (Specify)	
Burial 8/24/68 Mt Aubur	n Cemetry Baltimore Md
SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
AUG 21 1964 Q Q A 8 Ja Q MA	Adolphus Halstead 1206 W orth Ave
AND BY 1868 (KID F. X. STEPENA	MUST HAT STEAM TOO W OT OH WAS

VS 151-REV. 1/1/6B



VS 150-REV. 1/1/6B

NAME OF DECEAS	U	8-85	30 BALTIMORE CIT			pec	No 58-	- 8530	
			CERTIFICA	ATE O	F DEATH	REGI	7 31	07	18
		orenzo	c.			ND HOUR OF	DEATH AR	9:40	ZK C.
PLACE IN BALTIM	ORE MARYLAND,	WHERE PRONG	UNCED DEAD	4. USUA	L RESIDENCE (WH	nere deceased liv	red. If institution	n: residence befor	
ULL NAME OF	(IF NOT IN HOSE ADDRESS OR LO	PITAL OR INSTI	TUTION, GIVE STREET	Ma	ryland	Balt		May . S.	3.190
NOITUTION					RTOWN		D. INSIDE CITY		
33					Ltimore,		YES	NO	4
	s Hopkin	s Hosp	ital		L3 Craig				
	White	7. MARRIED	NEVER MARRIED DIVORCED	B. DATE (L3-24	9. AGE (In ye lost birthdoy) 44	ars If Un Month	nder 1 Yr. If U	nder 24 Hrs. s i Min.
			F BUSINESS OR INDUSTR	RY 11. BIRTH	PLACE (Stote or for	reign country)	12, C	TIZEN OF WHA	T COUNTRY
one during most of work Tester	ting life, even if refired		Gas Co.	Dol+	. Wa			G 4	
FATHER'S NAME		DET CO.	Gas CO.		HER'S MAIDEN NA	AME	1 0	. S. A.	
	arroll Smit	h			a Tull Smi				
es, no or unknown! (If	or in U. S. Armed F yes, give wor or do 1943–1946	Forces? otes of service)	16. SOCIAL SECURITY NO. 217-20-8764	17. INFOR	MANT Balto Mary A. Sm	. Md. 212		ADDRESS	
18. A 9 A	1347-1340		CAUSE OF DEA		nary A. Sill	I th 0215	CLATEMON	APPROXIMAT	E INITEDIA
heart failure, ast injury ar campling AN DISEASES OR rise to the UNDERLYING CONTHER SIGNIFICATO THE DEATHER	mean the made thenia, etc. It means callan which couse TECEDENT CAUSI CONDITIONS, if abave couse (ACONDITION last. IL CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS GIVEN IN P.	ns the disease ed deoth.) ES i any, giving stating the CONTRIBUTING THE TERMINAL	(c) Chrone		1 +			Zyr, Zyr,	
19A. DATE OF OI	PERATION 198. CC		WHICH OPERATION	20A.	Ves or h		WERE FINDING	GS CONSIDEREI	0
21A. ACCIDENT	WAS UNDERLYING NG CAUSE OF edicol exominer)	21 ho etc	B. PLACE OF INJURY (e.g., me, form, foctory, street, ;.)	, in or about office bldg.,	21C. WHERE DID	(If in	Boltimore City,	give exoct locotio	n)
	Aonth) (Day) (Yeo	w	thile At At Work	nile 🖂	21F. HOW DID IN	JURY OCCUR?			
	st saw the decea	sed alive an	the deceased fram		68 and t		ur) apinian d	eath accurred	19 6 8 an the date
and have and fr 23A. SIGNATURE	levery		Receivage At Ph	Hending 1958.	Med. Director	Staff Phys.	P 23 & D	ugust 18	3,1969
and have and fr 23A. SIGNATURE 23C. PHYSICIANS NAME (Type	Robert Ja	acobs,	M.D. GEGREE	23D. ADDI	Director L Lohus Ho	plans to	F. Jest. T.	ugust 18 Belt M	d.
and have and fr 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type	Robert Ja	acobs,	M.D.	23D. ADDI	Director L	Phys:	F. Jest. T.	ugust 18 Balt M	8, 1968 d. (Stole)

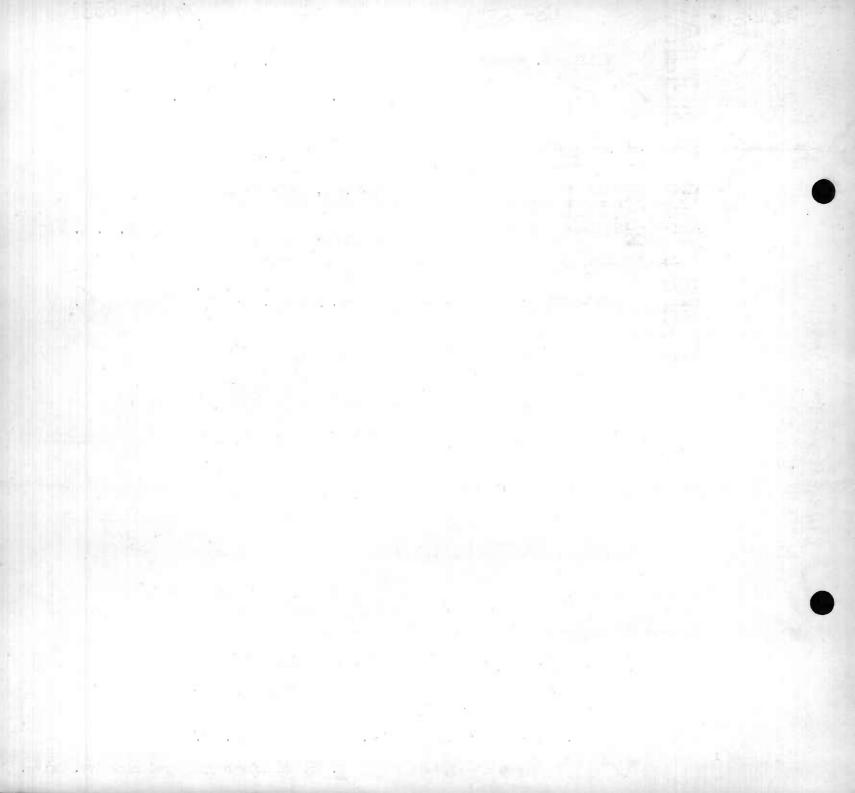


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IRTH NO.			CERTIFICA	TE OF DEATH			
NAME OF DECI				2. DATE AND HOUR OF DEATH			
William M. Booker				Aug. 17, 1968			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				A. STATE B. CO		institution; residence before odmission	
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)				Md.	Balto.	VSIDE CITY LIMITS?	
				Woodlawn YES NO X			
90 11.1 11.			E. STREET AND NUMBER				
10 noc	od Nursing Hor	ne		2023 Woodlawn Drive			
SEX	6- RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH 9, AGE (In years If Under 1 Yr., If Under 24 H			
Vale	White	WIDOWED	= =	June 9, 1887	lost birthdoy)	Months Doys Hours Min.	
				11. BIRTHPLACE (State or f		12. CITIZEN OF WHAT COUNT	
one during most of working life, even if retired)				3			
Stationary-Engineer Post Office			U. S. A.				
3. FATHER'S NAME				14. MOTHER'S MAIDEN N	IAME		
Joseph Booker				Clara Regler Booker			
. Was Deceased es,no or unknown)	Ever in U. S. Armed Fo	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT WOOD	lawn, Md.	ADDRESS	
Yes 1913-1920 212-52-		212-52-7590	Mrs. Marie R.	Woodlawn Dr.			
1B.	2 2		CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEA	
OTHER SIGNIF TO THE DEAT DISEASE OR C	I CONDITION last. I CLANT CONDITIONS CONDITIONS CONDITION GIVEN IN PAIR OPERATION 1798. CON	THE TERMINAL RT 1 (A).	WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 208. IF YES WEE	RE FINDINGS CONSIDERED	
	WAS PER	RFORMED			IN CERTIFYING	CAUSES OF DEATH?	
		21 R	PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID	(If in Baltin	nore City, give exact location)	
OR CONTRIBU	NT WAS UNDERLYING [JTING CAUSE OF medicol exominer)	hom etc.	ne, form, foctory, street, o	mee diag., INJORI OCCUR:			
OR CONTRIBUTED DEATH (notify	JTING CAUSE OF	hom etc.			INJURY OCCUR?		
OR CONTRIBU	JTING CAUSE OF medical examiner	(Hour) 21E	. INJURY OCCURRED	21F. HOW DID	<u> </u>		
OR CONTRIBUTED DEATH (notify) 21D. TIME OF INJURY (APPROX.)	JTING CAUSE OF medicol exominer) (Month) (Doy) (Yeor)	(Hour) 21 E. Wh	. INJURY OCCURRED tile At Not While trk At Work	21F. HOW DID	<u> </u>	Or August 18	
OR CONTRIBUTED DEATH (notify) 21D. TIME OF INJURY (APPROX.)	JTING CAUSE OF medical examiner	(Hour) 21 E. Wh	. INJURY OCCURRED tile At Not While trk At Work	21F. HOW DID	INJURY OCCUR?	7 Aug 1968	
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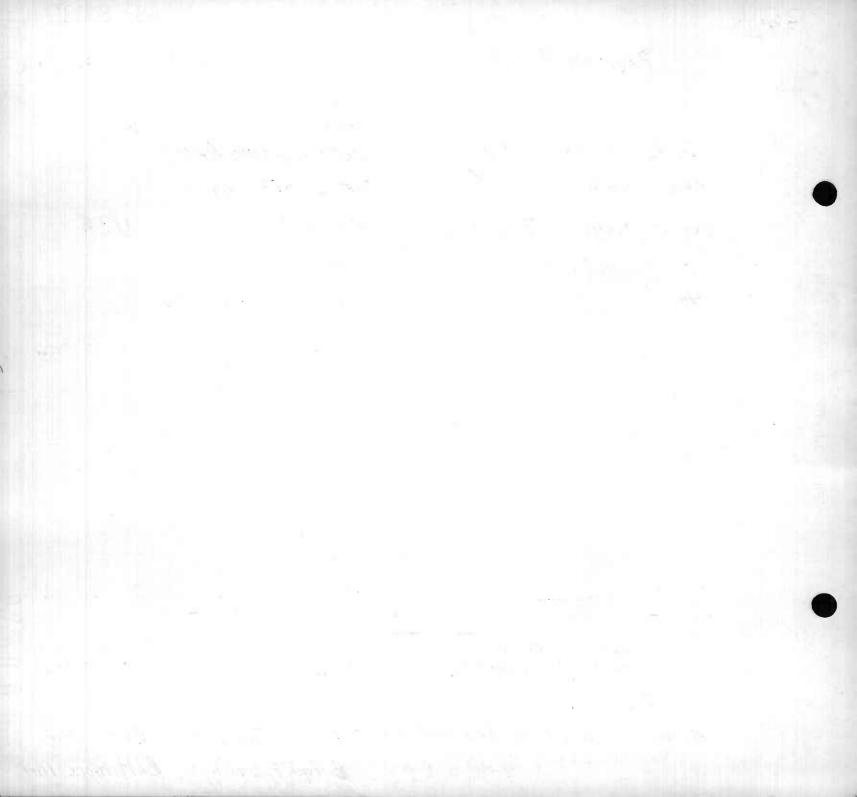
VS 150-REV. 1/1/6B

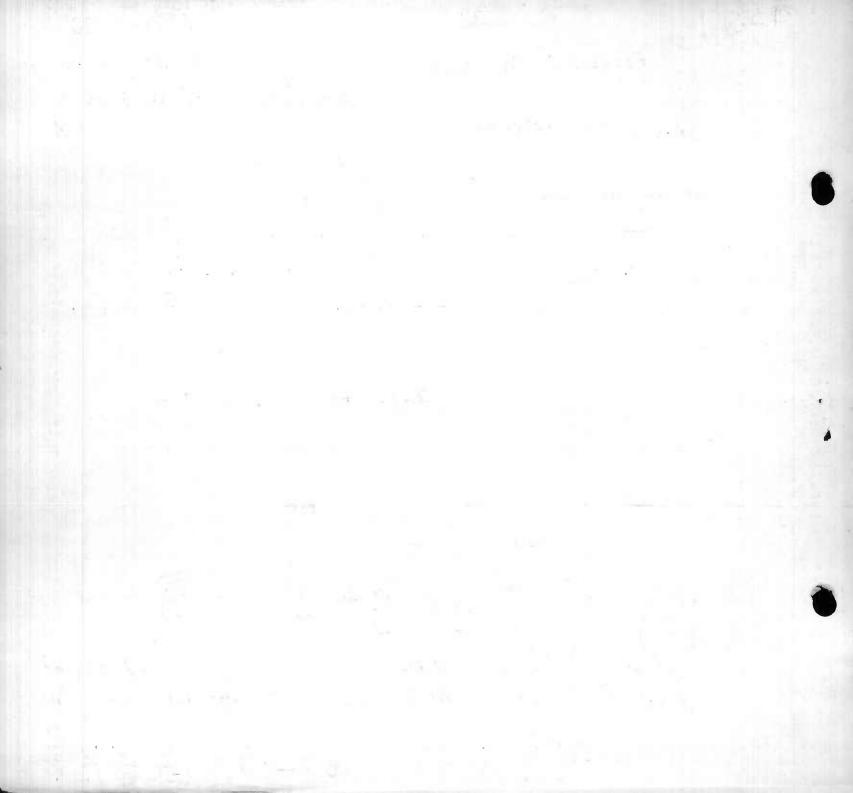
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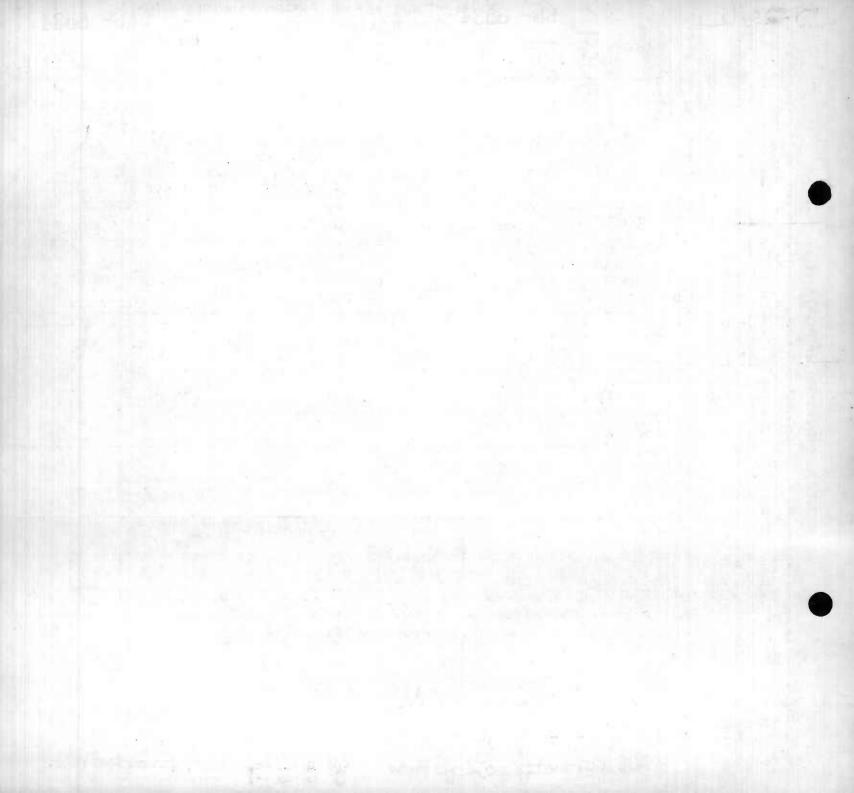
IMPORTANT

FUNERAL DIRECTOR:



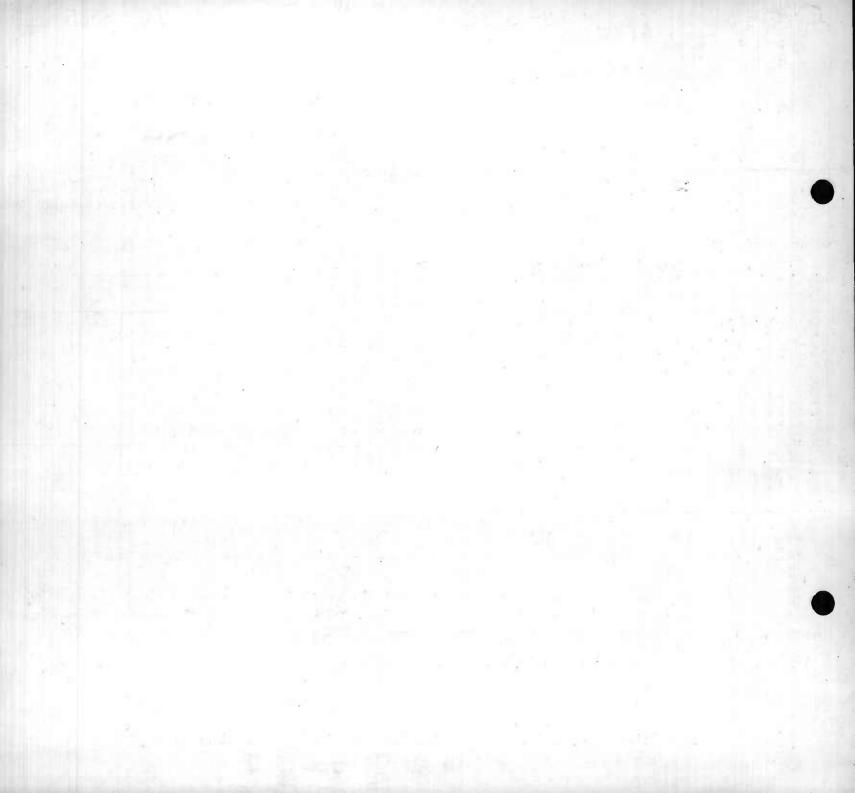


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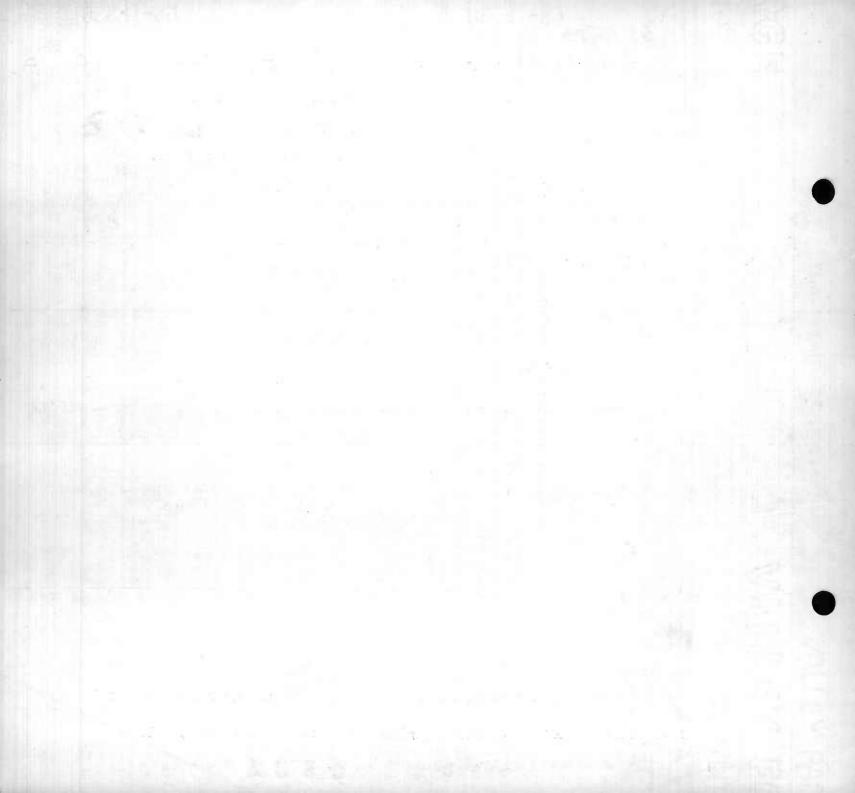
00 01	BALTIMORE CITY	HEALTH DEPARTMENT		68- 8535 °
68-85 BIRTH NO. 68-15630	CERTIFICA	TE OF DEATH	REG. NO	00- 0000
NAME OF DECEASED	UGHERTY		ND HOUR OF DEAT	7:23 p.1
3. PLACE IN BALTIMORE, MARTLAND, WHERE PR	ONOUNCED DEAD		ere deceased lived. If	institution: residence before admissio
FULL NAME OF (IF NOT IN HOSPITAL OR IN	ISTITUTION, GIVE STREET	Maryland	Baltimo	ore
OSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN	IN	ISIDE CITY LIMITS?	
33 - 10 11 11 11	11-001-01	Baltimore E. STREET AND NUMBER	- CA	VES NO U
5 JOHNS HOPKINS	HOSPITAL	1809 Freedo	om Way No	rth
14 - 1 \/	RIED NEVER MARRIED	8-17-68	9. AGE (In years last birthday)	Months Doys Hours Min.
Female White WDO OA. USUAL OCCUPATION (Give kind of work 108. KIN one during most of working life, even if retired)			reign country)	12. CITIZEN OF WHAT COUNT
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
		Joyce Billes		
Leslie Daugherty . Was Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	- D	ADDRESS
es, no or unknown) (If yes, give war or dates of serv	SECURITY NO.			
18.7) 2-1	CAUSE OF DEAT	H		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		,	-1	BETWEEN QUSET AND DEA
LEADING TO DEATH	(A)IMMEDIATE CAI	ISE Cardias	dreso	13 min
(This does not mean the made of dying, heart failure, asthenia, etc. 11 means the disc	e.g., DUE TO, OR AS	A CONSEQUENCE OF:		al - 11
injury or complication which caused death.)	Ropina	wanter	unca, turi	200 3/ 1/1
ANTECEDENT CAUSES	(B) agen	rana? hoors	of swide	
DISEASES OR CONDITIONS, if ony, gi	iving DUE TO, OR AS	A CONSEQUENCE OF:	T . 11	A 3/4
rise to the above cause (A) stating UNDERLYING CONDITION last.	the (c) mull	iple congline	of manyo	mollow I mo
7563 11	· · · · · · · · · · · · · · · · · · ·		-	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI				
TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).		120 A	t V non te vee	
3 8/17/68 WAS PERFORMED	- winea	************	Yes CERTIFYING	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, c etc.)	ffice bldg., INJURY OCCUR?	(If in Boltin	nore City, give exoct location)
21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.)	While At Wark At Wark			
22. I certify that (I) (this haspital) attend	led the deceased fram	aug 17	19 65 to	aug 18 1968
that (1) (we) lost saw the deceosed alive	an	9 ond t	hot in (my) (507) o	pinion deoth occurred on the d
and haur and from the causes stated abay		view the body after death.		
23A. SIGNATURE	(,, (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			238. DATE SIGNED
Richard C. Kat	Z a II a D a Dh.	ending Med.	Staff Phys.	8/18/18
23C. PHYSICIAN'S	aegree Phy	23 D. ADDRESS	/ //	110/00
NAME (TYPE)	I MA	Tolon	Jool in	Varetal
4A. BURIAL CREMATION, 24B. DATE	DEGREE	EMATORY 24D.	LOGATION	(City, town, or county) (State)
REMOVAL (Specify)	0			
Cremation 8/19/68 J	Tohns Hopkins	Hospital B	altimore,	Maryland
25A. DATE RECORSY HEALTH DEPT. 25B. NA	24 Septem	O A PROPERTY	AT DISPO	SAT.
The state of the s	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO I	THE CONTRACTOR	MILL LIES	VIII

VS 150-REV. 1/1/68



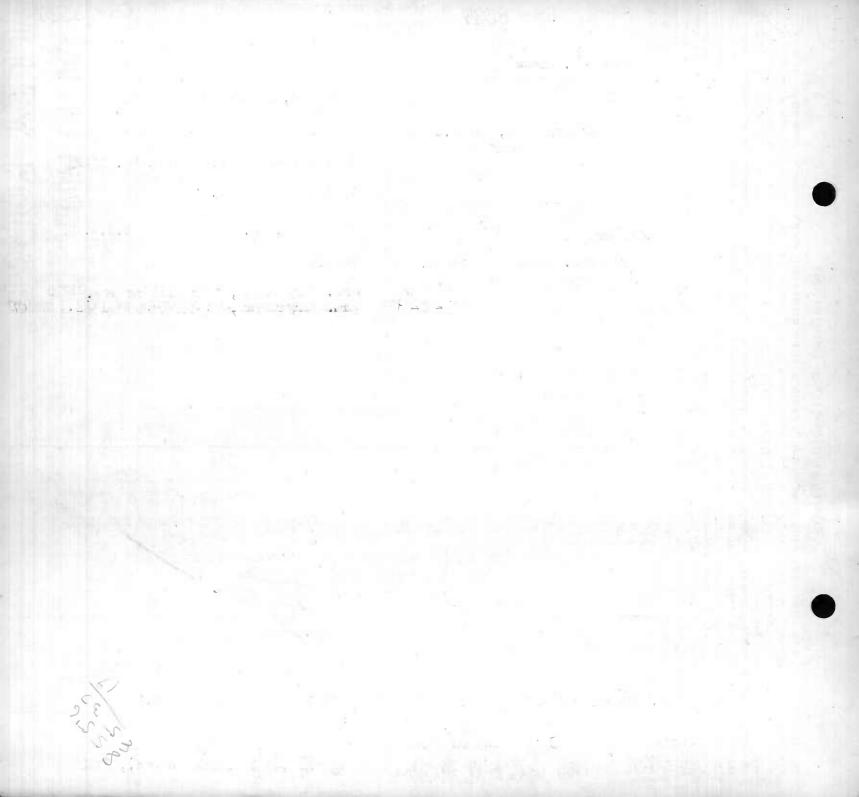
FUNERAL DIRECTOR: IMPORTANT

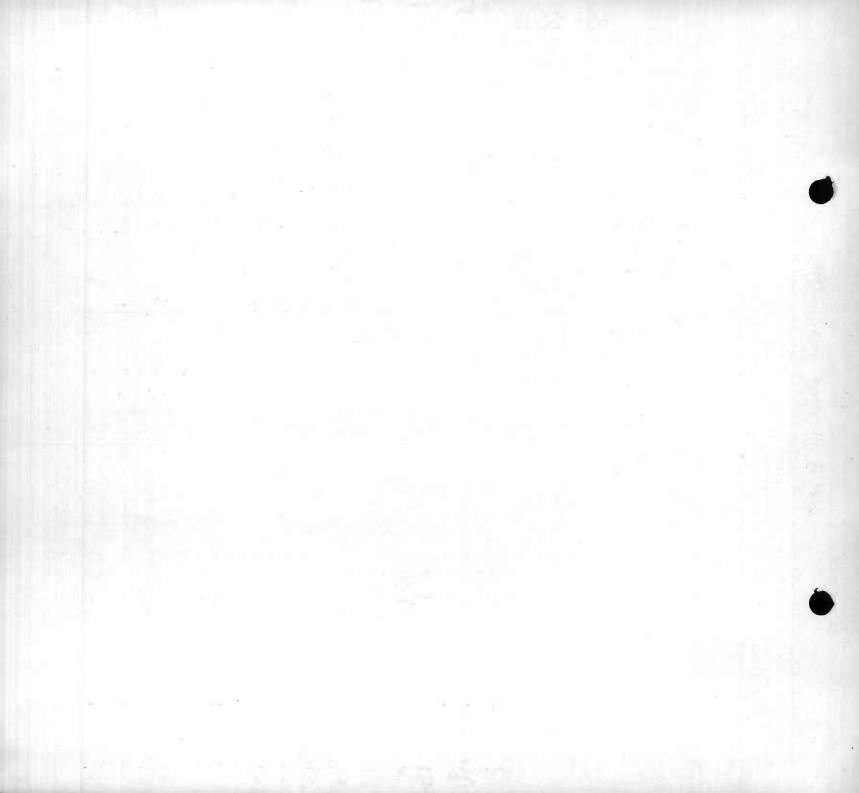
1	00 0	BALTIMORE CITY	HEALTH DEPARTMENT	('0)	0500
BIRTH NO	68-8	CERTIFICA	TE OF DEATH	REG. NO.	- 8536 <i>U</i>
	OF DECEASED	olu Più	2. DATE AND	HOUR OF DEATH	1030
3. PLACE	IN BALTIMORE, MARYLAND, WHERE PE	ONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE 8. COUNT	deceosed lived. It ins	titution: residence before odnivssion)
FULL NA	ME OF (IF NOT IN HOSPITAL OR I	NSTITUTION, GIVE STREET		altimore	
HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION			C. CITY OR TOWN		DE CHY LIMIES?
Joh	ms Hopkins	Hospital	Baltimore E. STREET AND NUMBER		YES NO.
33			245 South Regester St.		
5. SEX	6. RACE 7. MAR	RIED NEVER MARRIED		AGE (In years	tf Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	emale White woo		8-11-68	3	10
	L OCCUPATION (Give kind of work 108, KIN most of working life, even if retired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	Country)	12. CITIZEN OF WHAT COUNTRY
			BAltimore	1901	HZU
	R'S NAME		14. MOTHER'S MAIDEN NAM	E	
	Harold Angel		Frances M:	iller	
Yes, no or	eceased Ever in U.S. Armed Forces? unknown) (It yes, give wor or dates of ser	vice) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		The state of the s			
18.	175,41	CAUSE OF DEATH	1	0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
1	DISEASE OR CONDITION DIRECTLY	Pren	26 I. 1. 0. 0	Respirato	THE STATE OF SET AND DEAT
	LEADING TO DEATH			Dictores	III
	does not mean the mode of dying,		A CONSEQUENCE OF:	D1311072	
	failure, asthenio, etc. It means the dis ar camplication which caused death.)	ease,	0 00 1		1. 5.
111(01)		Ory 1	throbbas to	sus leta	Ills 26 weeks
	ANTECEDENT CAUSES	(8)			in the state of th
	ASES OR CONDITIONS, if any, g	iving DUE TO, OR AS	A CONSEQUENCE OF:		avaces
	to the abave cause (A) stating ERLYING CONDITION last.	(C)			
2	70.0 11	(0)			
Z OTHER	R SIGNIFICANT CONDITIONS CONTRIBUT	ING			
F TO TH	E DEATH BUT NOT RELATED TO THE TERMI				
	SE OR CONDITION GIVEN IN PART 1 (A). ATE OF OPERATION 198. CONDITION		20A. AUTOPSY? (Yes or No)	208. IF YES, WERE F	INDINGS CONSIDERED
SETFIC 19A. D	WAS PERFORMED		Yes	IN CERTIFYING CAU	ISES OF DEATH?
U 21A. A	ACCIDENT WAS UNDERLYING TO	21 B. PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If in SoltImore	City, give exact location)
	H (notity medical examiner)	etc.)	and stage, attacks of the stage		
21D. T		21E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	76 (10)
€ (A PPR					
22 1	- **C - 1 - * (1) (1):- 1 **-1) - **-	Work At Work	8 11-7	10.	8117 10 /8
	certify that (I) (this haspital) otten	ded the deceased from		68 to	
	certify that (1) (this haspital) attend 1) (we) last sow the deceased alive	ded the deceased from		_	
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that (1) (we) last sow the deceosed alive	ded the deceosed from an SIT ve. (1) (We) (did) (did not) v	19 6 8 and that lew the bady ofter death.	In(my) (our) opin	ion deoth occurred on the dot
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thot (ond h	(1) (we) last sow the deceosed alive pour and from the causes stated about the	ve. (1) (We) (did) (did not) v	19 6 8 and that lew the bady ofter death. Med. Spirector P	r In(my) (our) opin	238, DATE SIGNED
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V\$ 150-REV. 1/1/68

NAME OF DECEASED ype of Print) Carle S. D. PLACE IN BALTIMORE, MARYLAND, ULL NAME OF OSPITAL OR ADDRESS OR LOCK INSTITUTION	WHERE PRONOUNCED DEAD	2. DATE AND	(7:00 A.,
PLACE IN BALTIMORE MARYLAND, ULL NAME OF OSPITAL OR NSTITUTION Carle S. D. (IF NOT IN HOSPITAL OR ADDRESS OR LOCK)	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT	DO. 6 P deceosed lived. If institution	
PLACE IN BALTIMORE, MARYLAND, ULL NAME OF (IF NOT IN HOSP) IOSPITAL OR ADDRESS OR LOC VSTITUTION	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If institution	
OSPITAL OR ADDRESS OR LOC NSTITUTION	ITAL OR INSTITUTION, GIVE STREET CATION)			
		C. CITY OR TOWN	To AICIDS OF	V HARTCO'S
	s Ave, Balto., Md 21223	Baltimore E. STREET AND NUMBER		x 9.2
		1923 wilkens "	ve. Balto. M	d. 21223
M W	7- MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 2.	AGE (In veors If U	nder 1 Yr. If Under 24 Hrs ths Doys Hours Min.
	ork 10 B. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLA CE (State or foreign	12. C	CITIZEN OF WHAT COUNTR
one during most of working life, even if retired	Modern Master	Baltimore, Md.		U.S.A.
Exterminator B. FATHER'S NAME	TIOGOZIA TAKO GOZ	14. MOTHER'S MAIDEN NAM		0.0.4.
Arthur J. D.	icus (deceased)	Maggie		
. Was Deceased Ever in U. S. Armed F es, no or unknown) ((If yes, give wor or do	otes of service) SECURITY NO.	17. INFORMANT	, 1923 Wilken	ADDRESS Ave. 21223
unknown	CAUSE OF DEA		S COCIO O DE COCIO COCIO	APPROXIMATE INTERVAL
DISEASES OR CONDITIONS, if rise to the above cause (A UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PARTICULAR TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PARTICULAR TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PARTICULAR TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PARTICULAR TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PARTICULAR TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PARTICULAR TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PARTICULAR TO THE DISEASE OR TH	ontributing Ontributing The interpretation of the terminal	S A CONSEQUENCE OF:		
19A. DATE OF OPERATION 19B. CO	DNDITION FOR WHICH OPERATION ERFORMED	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINDIN IN CERTIFYING CAUSES O	IGS CONSIDERED OF DEATH?
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore City,	give exoct locotion)
21D. TIME (Month) (Doy) (Year	f) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
OF INJURY (APPROX.)	White At Not Whi	ile 🗖		
			(9 · ·	9 20 1968
22. I certify that (I) (this haspit that (I) (we) last saw the decease and hour and from the causes st	18 4	19 66 and that view the bady after death.	23 8. 0	DATE SIGNED
23A. SIGNATURE	AH			
23A. SIGNATURE RECULE 23C. PHYSICIAN'S NAME (Type)	THE GEGREE Ph	ys. Director P		
23A. SIGNATURE Reculu 23C. PHYSICIAN'S NAME (Type) Dr. Stanley Anku	das GEGREE	23D. ADDRESS 1101 Maiden	Choice Lane,	
23A. SIGNATURE RECULE 23C. PHYSICIAN'S NAME (Type)	des Ph	ys. Director P 23D. ADDRESS 1101 Maiden REMATORY 24D. LO	Choice Lane,	rn, or county) (State)





		O	0- 8	033		LTIMORE CITY F								00	
DIOT			MED	DICAL	LEXA	MINER'S	CER'	ΓIFIC	CATE	OF I	DEAT	HREG	. NO	68-	8539
1 NI	H NO.	CEASED					2. D		Known		Month	Da		Yeor	Hour
(Туре	or Print) BENN	Y	Aus	stin		TILLERY		OF ATH	Estimated			ust 1		1968	11:30 A
	ACE IN BAL				RONOUN		3. D/			71	Manth	Da		Year	Hour
HOSE	NAME OF PITAL ISTITUTION		OT IN HOSPIT RESS OR LOCA		TITUTION,	GIVE STREET			INCED DEAL			st 18	•	1968	12:35 P,
P	rovide	nt Hos	pital ((DOA)			A. ST.	ATE	arylan		receased n	B. COU		residence t	perore odmissian)
6. SE		7. RACE			RIED N	EVER MARRIED	C. CI	TY OR				D. INS	IDE C	TY LIMITS?	Name of the last o
	nale	neg	ro	WIDOV		DIVORCED			Baltim	ore			YE	s X	№ □
9. D/	ATE OF BIRT	Н	10. AGE (I		If Under Months [1 Yr. If Under 24 Hr Days , Haurs , Mic	s. E. ST	REET A	ND NUMBE	ER					
-	ne 14,		4 54	. ,					1607	W. I	anva	le St			
11. B	IRTHPLACE (S	State ar fore	ign country)		12. CITIZ		13. FA	ATHER'S	SNAME						
	Pallac	0 N.	C		Ü.	S.A.	F	lubi	n Til	ler	Y				
dane d	SUAL OCCU	PATION (G	ive kind of work	14B. KINE	OF BUSI	NESS OR INDUST	RY 15. A	OTHER	'S MAIDEN	NAME	E				
	Labore						F	lau	rence	He	errin	n			
16. V	VAS DECEAS	ED EVER IN	U.S. ARMEI	O FORCES	S? 17.	SOCIAL SECURITY NO.	18. 11	FORM	ANT			4 = 1	AC	DRESS	
	Yes	W	IIW				P	da	Johns	on,	, 240	04 G	arr	ison	Blvd.
15	9.	2041				CAUSE OF DE	ATH		2						PROXIMATE INTERVAL
NOI	(This daes in heart failure injury or car Al DISEASES (RISE TO THI	n osthenio, en implication wh NTECEDEN OR CONDITE ABOVE CA	e made of dy tc. It means the alch coused de	e diseose, oth.)		(A)IMMEDIATE DUE TO, OI	CAUSE R AS A CO	N SEQ (JENCE OF:	10V8		ar Di		se	
CERTIFICATION	OTHER SIGN	ATH BUT NO	ONDITIONS C OT RELATED TO N GIVEN IN P	THE TERM	INAL										~~~~
2	OA. DATE OF	OPERATIO	N 20B. CO	NOITION	FOR WHI	CH OPERATION V	WAS PER	FORM	ED					21. AUTO	PSY? (Yes or Na)
. 10)														No
9	^{2A.} EXTER JNDERLYING JTING □ CA		NTRIB-		22B. PLAC home, farn	E OF INJURY (e.g. n, factory, street, of	i., In or o fice bldg.,	etc.) IN	C. WHERE I	DID (If UR?	in Boltima	re City, g	ive exo	ct locotion)	
0	2D. TIME OF INJURY APPROX.)	(Manth) ((Doy) (Yeo	r) (Hau	r) 22E.IN WHILE WORK		OT WHILE	22	F. HOW DII	J INJU	JRY OCC	UR?			
23		ify that I	held an I	nquiry [utapsy		and that	on thi	s bosis,	death i	in my	apinion	
	resul	ted fram:	Natural cau	sesXX	Accid	ent 🗌 Suic	ide 🗌	Ho	micide 🗌	U	ndetermi	ned mar	nner [
	A CTILAL	1.	0.					С	HIEF MEDIC	CAL EX	AMINER				DATE SIGNED
	SIGNATI	URE_/U	Brus	12	7	M	D.	ASSIS	TANT MEDIC	CAL EX	AMINER	X			
	EXAMIN NAME (1	ER'S	Werner	U. S	Spite			ASSO	CIATE MEDIC	CAL EX	AMINER				8/19/68
	BURIAL CREA OVAL (Speci		24B. DATE	-		AME of CEMETER				24D. LC	CATION	(City	y, town	, or caunty)	(Stote)
	Buria	al	8-22-	-68	Ва	altimore	Nat	ior	nal	Ва	altir	nore	Ma	rylai	nd
25 A.	DATE REC'D		1 1968	25B. N	AME OF	REGISTRAR TULLEN	Ą		uneral Dir			802		odress	n Ave.
					+ 4	8-8-3		0		-					

June 14, 1914

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Flaurence Herrin

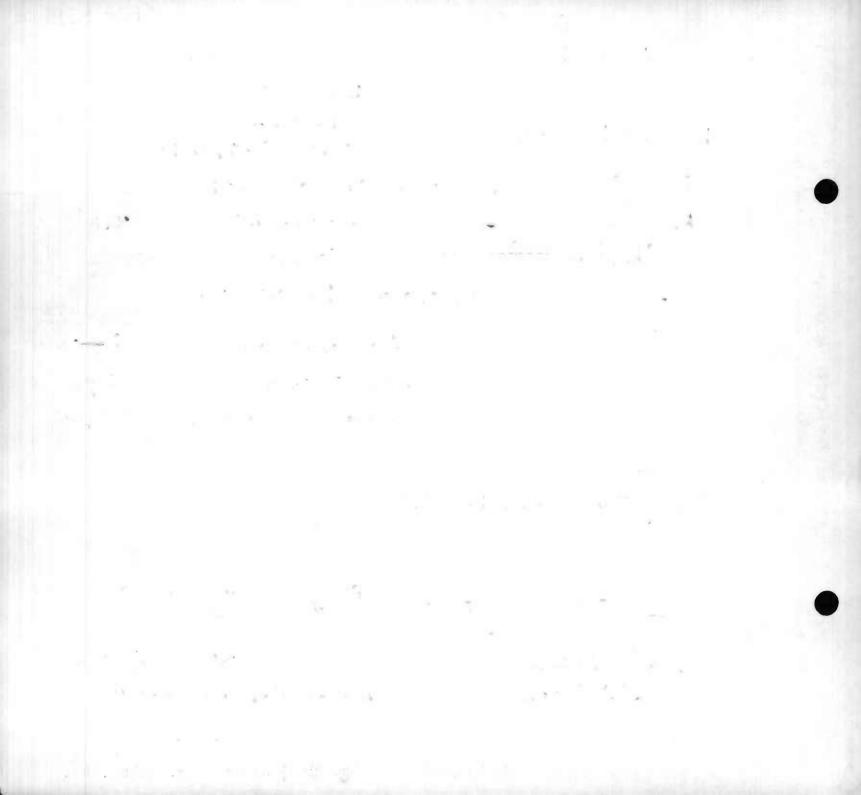
Ada Johnson, 2404 Garrison elvi.

- 2-3 Arman)

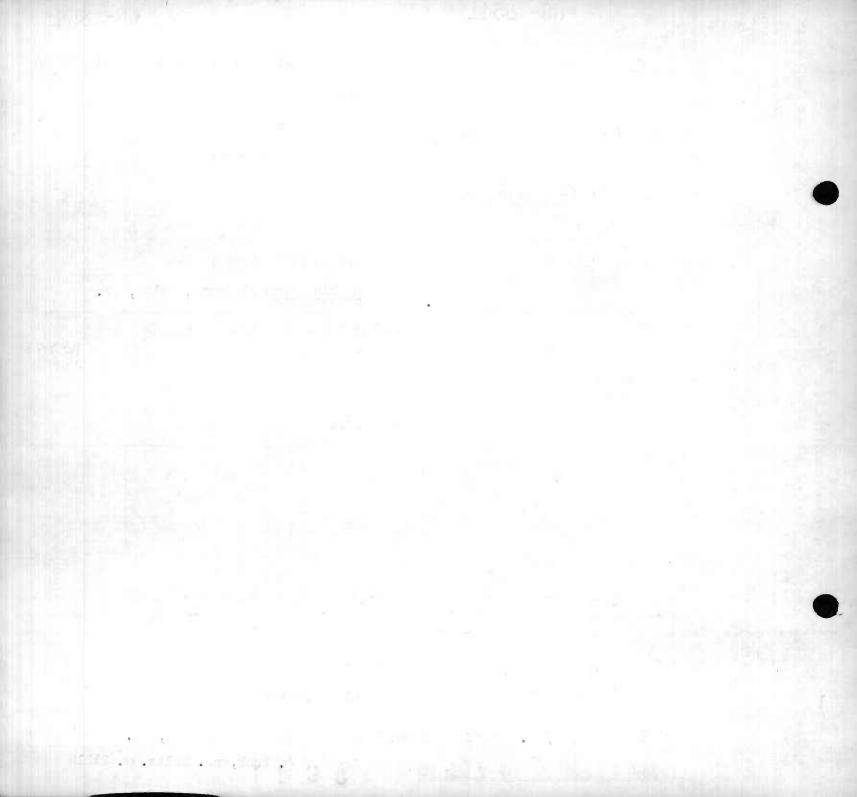
Burial 8-22-60 Saltimore National Saltimore Naryland

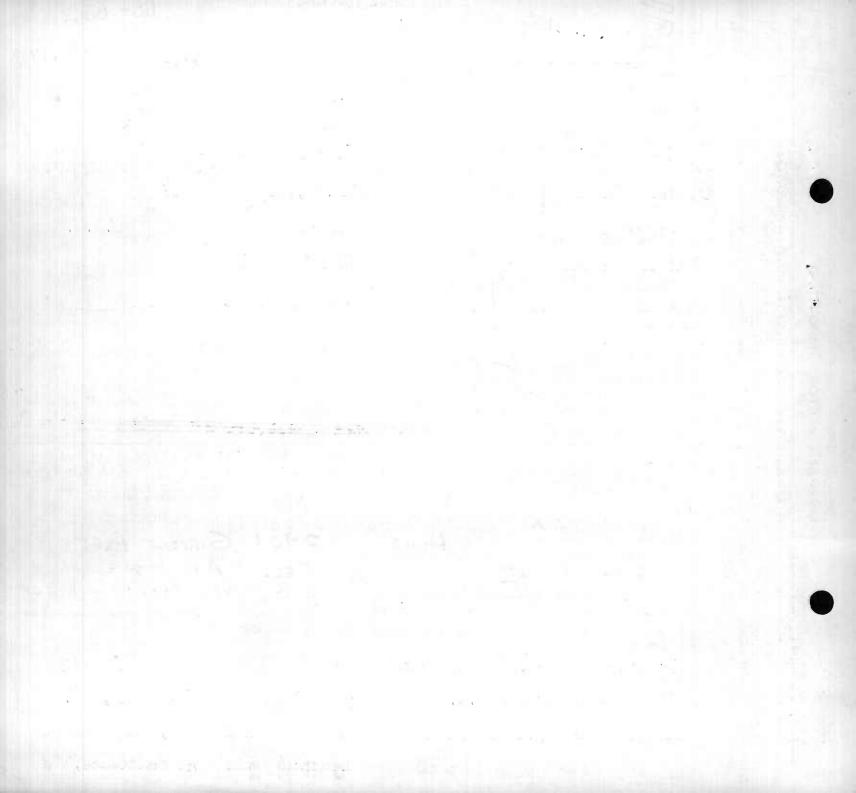
Charles I. Law 802 Hadraon Ve.

	BALTIMORE CITY	HEALTH DEPARTMENT		00 5
BIRTH NO. 68-	8540 CERTIFICA	TE OF DEATH	Registered No.	68- 8540
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) Gunkel Gertr	nd Agnes	2. DATE AND	HOUR OF DEATH	1145
3. PLACE OF DEATH IN BALTIMORE, MARY	AND	4. USUAL RESIDENCE I Where A. STATE B. COUNTY	deceased lived. If instit	ution: residence before odmission)
FULL NAME OF (If not in hospitot or HOSPITAL OR oddress or location) thstitution	institution, give street	c. CITY OR TOWN, (If outside	e city limits, write RUB	AL and give township
Maryland General H	Do	mac nn Al	ol, give location)	6-03
5. SEX 6. RACE	MARRIED, NEVER MARRIED		AGE (In years 1	/ II
F Can	Mayri cul	10-31-09	5 8	Under 1 Yr. If Under 24 Hrs.
10A. USUAL OCCUPATION (Give kind of work) 10 done during most of working life, even if retired)	B. KIND OF BUSINESS OK INDUSIKY	Baltimory, M		2. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME Christian K	coloxx Huhn	14. MOTHER'S MAIDEN NAME	Agnes Ste	efanski
15. Was Deceased Ever in U. S. Armed Forces (Yes, no or unknown) (If yes, give wor or dotes of	? 16. SOCIAL SECURITY NO. 213-03-0208	17. INFORMANT Patients	chart	ADDRESS
18. 174 X I	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECT LEADING TO DEATH	(A) Bu	on choppeumoni	, A	2 yes week
haort failure, asthenia, etc. It means the injury or complication which caused de ANTECEDENT CAUSES	e diseose,	artatic comer		~ 2 yrs
DISEASES OR CONDITIONS, if ony rise to the obove cause (A) st UNDERLYING CONDITION lost.	DUE TO	leno carcinomo K	light bunt	- Zyean
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.	NTRIBUTING D TO THE			
19A. DATE OF OPERATION 19B. CONDIT	TION FOR WHICH OPERATION MED BURNS ISKIN	20 A. AUTOPSY? IYes or No.	OB. IF YES, WERE FINING CAUSE	DINGS CONSIDERED S OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)	or obout 21 C. WHERE DID INJURY OCCUR?	IIf in Boltimore C	ty, give exoct focotion)
-	Hour) 21E. INJURY OCCURRED White At Not While At Work	21 F. HOW DID INJUR	Y OCCUR?	
22. I certify that (1) (this hospital)		8-7- 19	68 10 8-	20- 1968
that (I) we lost sow the deceased on thour and from the couses stated			in (my) (our) opinio	n deoth occurred on the dote
23A. SIGNATIURE	(10) (010) (010 110)) (The stay of the decimal	23	B. DATE SIGNED
23C. PHYSICIANS	Phys	nding Med, Storector Physics ADDRESS	ys. X	8/20/68
NAME Type of Nier	nah M.D.	Md. Gen. Hosp	Baltimo	re. Md
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CRE	MATORY 24D. LOC.	ATION (City,	town, or county) (State)
Burial 8/24/68 25A. DATE REC'D BY HEALTH DEPT. 25	Gardens of Fai	th Bal	to. Md.	ADDRESS
511C 9 1 1968 17	OB K ER FORDONA	Leonard II OR	uck_Inc_ B	alto Md.
VS 150-REV. 1/1/65		0 2 1 . 0.		GIOGI FIG



VS 150-REV. 1/1/65





68- 8543 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.

68-	8543
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BIRTH NO.	REG. NO.
1. NAME OF DECEASED	2. DATE Known X Month Doy Year Hour
(Type or Print) GEORGE SHECKELLS	OF DEATH Estimoted 0 8 20 68 1:15 p M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	August 20, 1968 1:15 p M. 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
22 Johns Hopkins Hosp.	A. STATE B. COUNTY
	Md.
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. Noise CITY LIMITS?
Male White WIDOWED □ DIVORCED □	Balto. YESK NO L
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER
12/31/1919 last birthdoy) Months, Doys, Hours, Min.	5311 Grindon Ave.
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
WHAT COUNTRY?	
Md. WHAT COUNTRY? 144. USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY	George A. Sheckells
IAA.USUAL OCCUPATION (Give kind of work IAB. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	Y 15. MOTHER'S MAIDEN NAME
	ries Bessie P. Lawrence
16 WAS DECEASED EVER IN U.S. ARMED FORCES? 117 SOCIAL	18. INFORMANT ADDRESS
yes W.W.2 SECURITY NO. 215-07-683	B Dorothy Sheckells same
119. CAUSE OF DEA	TH APPROXIMATE INTERVAL
4/2,4	BETWEEN ONSET AND DEATH
DISEASE ON CONDITION DIRECTE	sclerotic cardiovascular disease
LEADING TO DEATH (A) IMMEDIATE C	
heart failure, osthenia, etc. It means the disease,	AS A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
Z (C)	
OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
	YES
ZZA. EXTERNAL CAUSE WAS 228. PLACE OF INJURY (e.g.,	in or about 22C. WHERE DID (If in Boltimore City, give exact location)
I VI HAIDERLYING CONTRID	bldg., etc.) INJURY OCCUR?
UNIDESTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY	WHILE C
(APPROX.) m. WORK AT W	VORK L
23.	
	tapsy XX and that on this basis, death in my opinion
resulted from: Natural causes XX, Accident Suicid	de Homicide Undetermined manner
2 7 11 11	CHIEF MEDICAL EXAMINER
ACTUAL SURVEY TO IR	ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
SIGNATURE M.L	
EXAMINER'S NAME (Type) Edward F. Wilson M.D.	ASSOCIATE MEDICAL EXAMINER August 21 1968
NAME (Type) Edward F. Wilson, M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify)	
Burial 8/23/68 Baltimore	National Balto. Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
AUG 21 1968 R. De Bol Marker	the Lagrand to Duals Two Dalta Ma
	beogard Ja Ruck Inc. Balto. Md.
VS 151-REV. 1/1/6B	

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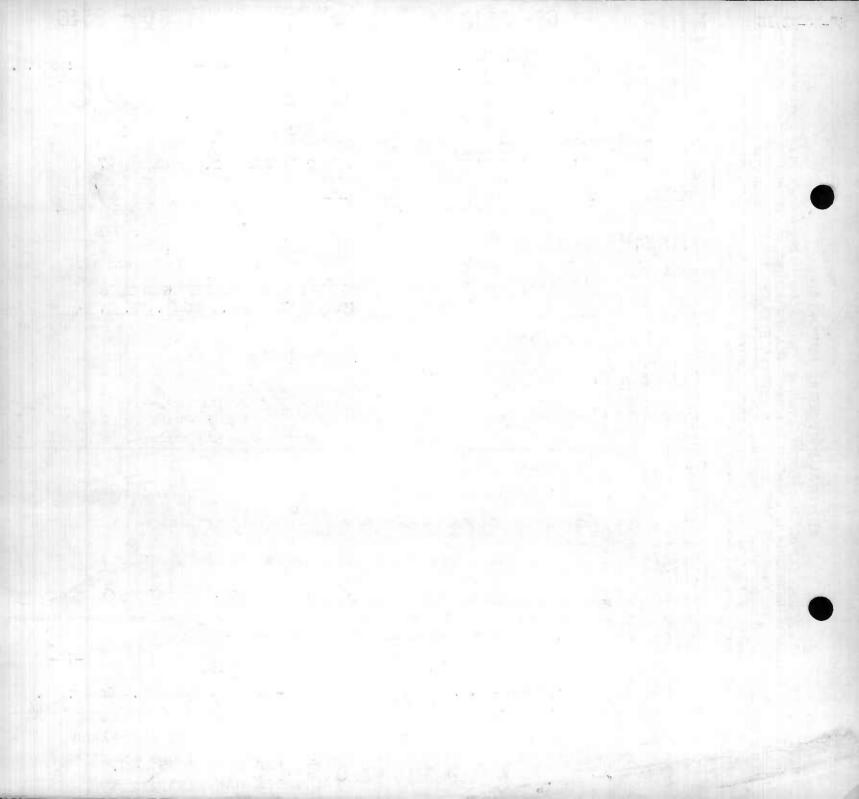
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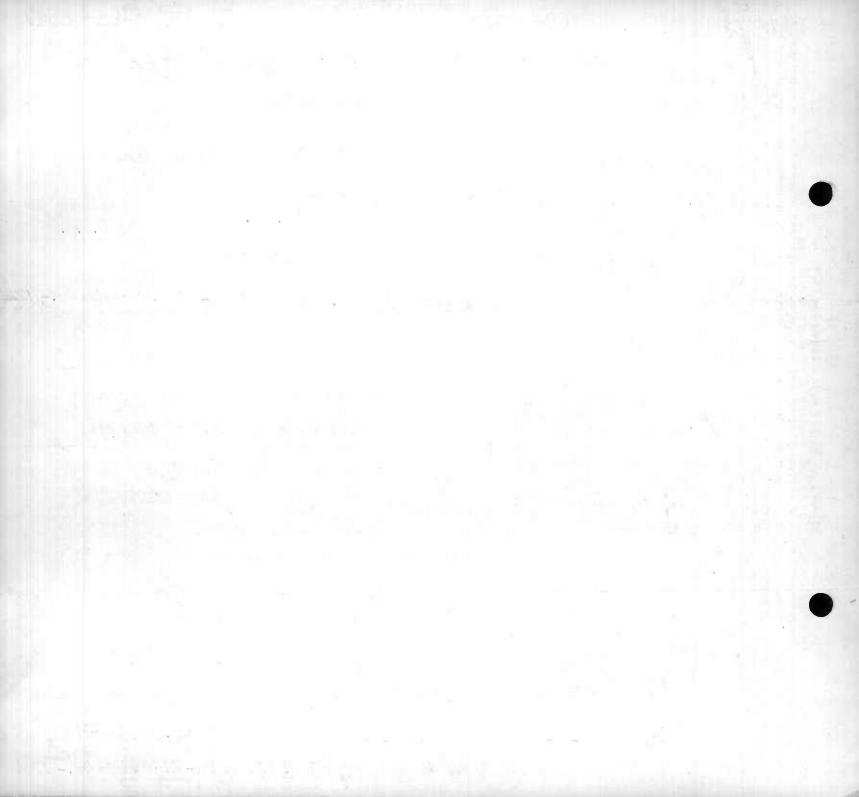
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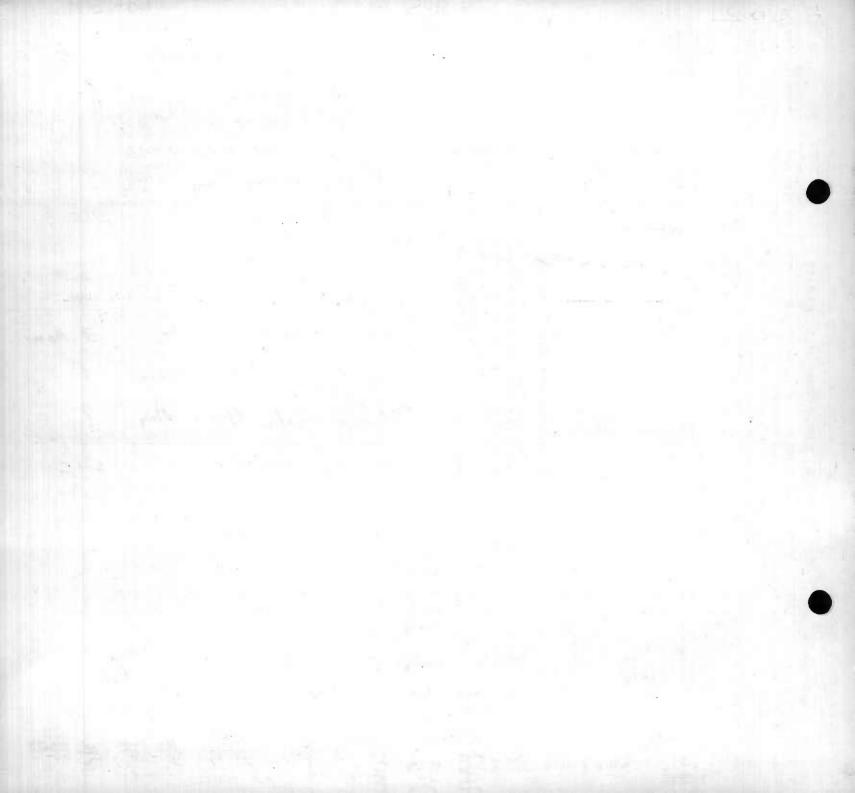
DIRECTOR:

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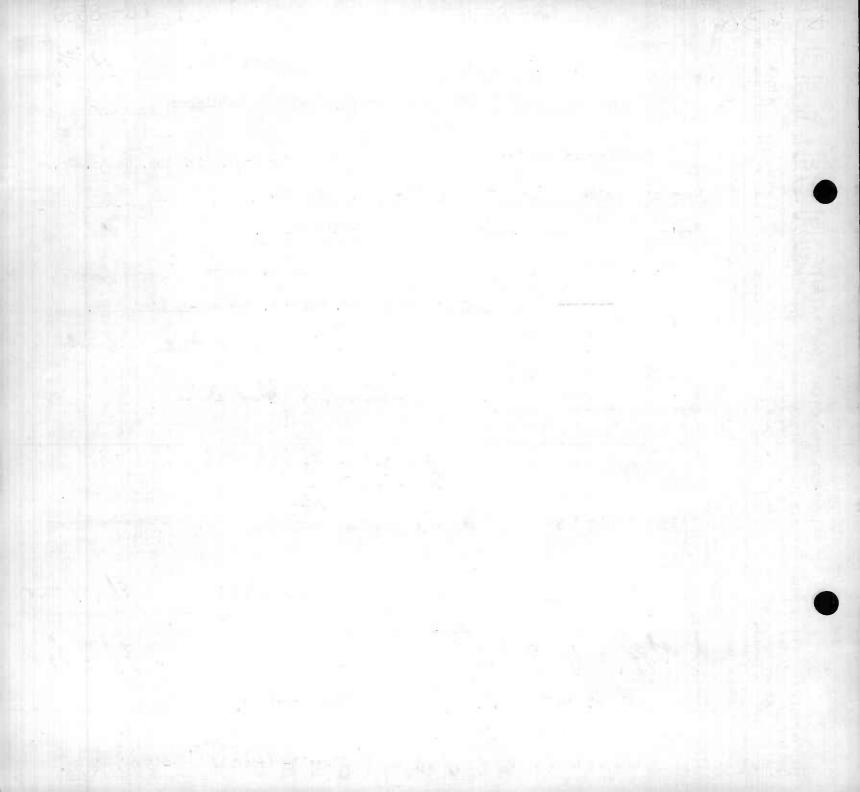




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VS 150-REV. 1/1/6B



24A. BURIAL CREMATION, REMOVAL (Specify)

8/23/68

St.

		00 0	BALTIMORE CITY	HEALTH DEPARTMENT		CO_ 0554
		68- 8	ODI CERTIFICA	TE OF DEATH	REG. NO	68- 8551
-	TH NO.		CERTIFICA		AND HOUR OF DEATH	1
	e or Print) Hen	ry Roman	nezvk		st 20, 19	
3. 1	PLACE IN BALTIMORE, MAR			4. USUAL RESIDENCE (WI	nere deceased lived. If	institution: residence before odmission)
				Maryland	TIME	.1 01
HC	SPITAL OR ADDRESS	OR LOCATION	STITUTION, GIVE STREET	C. CITY OR TOWN	- Inches	STATE THE LIMITS?
IN:	1212	Cooksie S	St.	Baltimore		YES NO
	O Balti	more, Md.	21230	E. STREET AND NUMBER		
				1212 Cook	sie St.	
S. S	EX 6. RACE	7- MARR	IED X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	M W	WIDOV	VED DIVORCED	1/1/08	60	
			OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
	e during most of working life, eve Longshoreman	n if retired)		Pennsylva	ทา๋ด	U.S.A.
	FATHER'S NAME			14. MOTHER'S MAIDEN N.		0.0.4.
	Joseph	Romanczyl	,	Petronell	a Mostow	alri
15.	Was Deceased Ever in II. S	Armed Forces?	16 SOCIAL	17. INFORMANT	a moscow	ADDRESS
(Yes	, no or unknown) (If yes, give	wor or dotes of servi	ce) SECURITY NO.			
	No -		180-07-954		Romanczyk	1212 Cooksie S
	ANTECEDENT DISEASES OR CONDITION TISE TO THE OBOVE CONDERLYING CONDITION	ONS, if ony, givuse (A) stoling	The	A CONSEQUENCE OF:	oses	297.
		1051,	(C)			
ATION	OTHER SIGNIFICANT CONDITO THE DEATH BUT NOT REI	ATED TO THE TERMIN				
ERTIFIC,	19A. DATE OF OPERATION		OR WHICH OPERATION	20A. AUTOPSY? (Yes or I	No) 20B, IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
CAL CI	21A. ACCIDENT WAS UND OR CONTRIBUTING CAU DEATH (notify medical exam	SE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, or etc.)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If In Boltime	ore City, give exoct location)
ō	21 D. TIME (Month) (Do	y) (Yeor) (Hour)	21E, INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
Ş	(APPROX.)		While At Not While At Work			
	22. I certify that (1) (this	haspital) attend			1960 to /	by 20, 1968
	that (I) (we) last sow the	deceased alive	on 8-19	V 19.6△ and	thot In(my) (aur) ap	inion deoth occurred on the dat
	and hour and from the ca 23A. SIGNATURE	uses stated abov	e. (I) (We) (did) (did mat) v	riew the bady after death	•	238, DATE SIGNED
	DI A	8 00	Atte	ending Med.	Staff	
	COC BUYELCIANS	Soll	DEGREE Phy	S. Director	Phys.	8-71-68
	NAME (Type)	SOLL	OD MD	70) E. FOR	RT AUE. B	8-21-68 BALTO, MQ 21230

Burial 25A. DATE REC'DARY NAME OF REGISTRAR 25C FUNERAL DIRECTOR Funeral Dickson City. Penna. VS 150-REV. 1/1/68

Joseph Cemetery

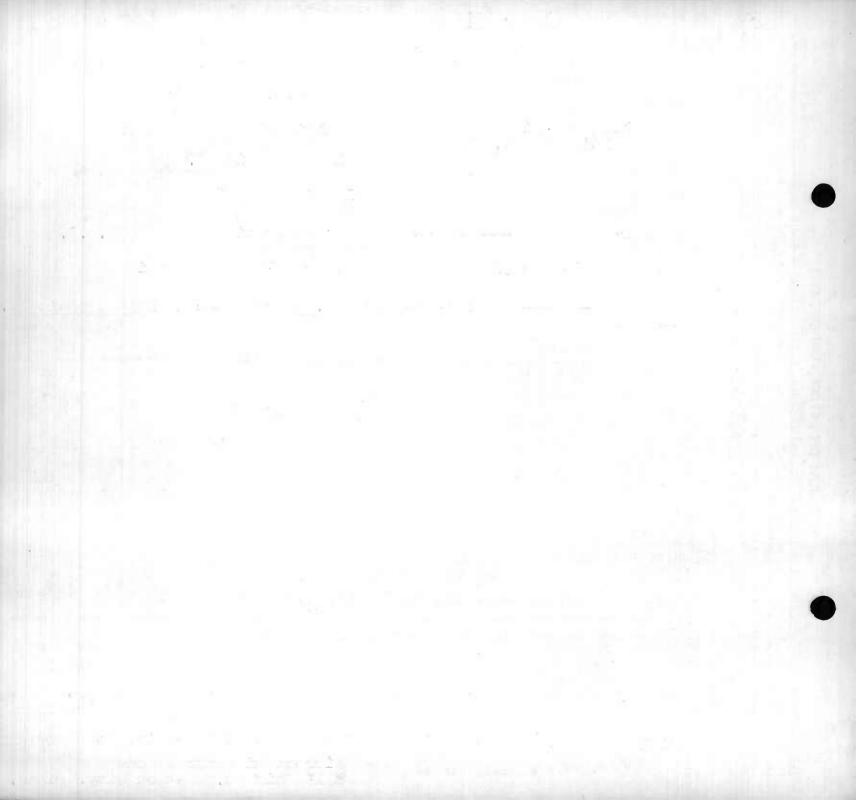
24D. LOCATION

Township,

Pennsylvania

ADDRESS

Scott



0559

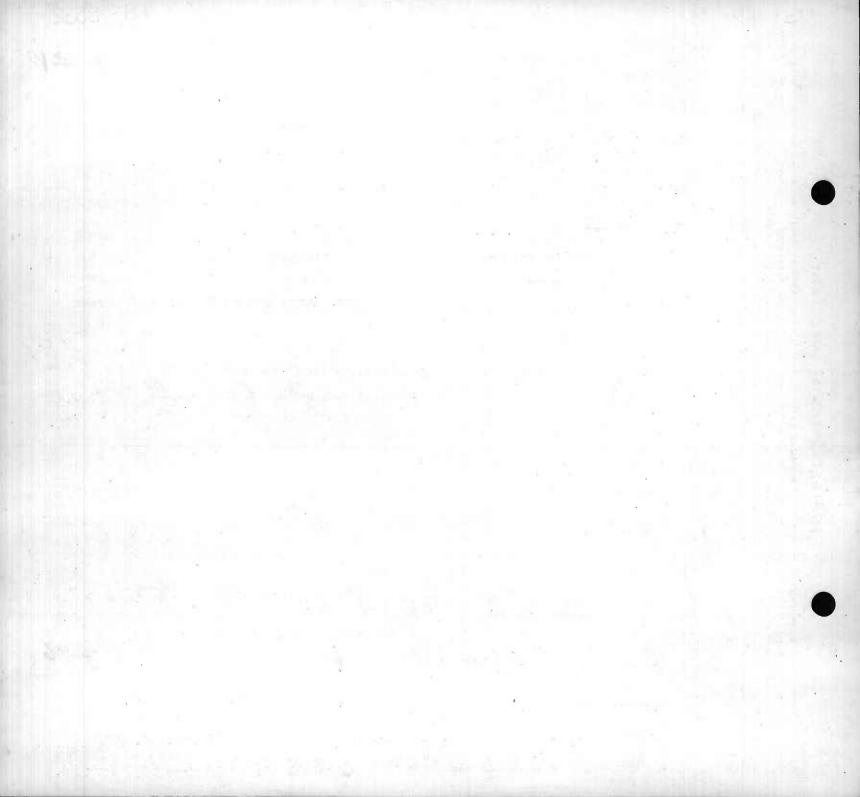
BALTIMORE CITY HEALTH DEPARTMENT

68- 8552

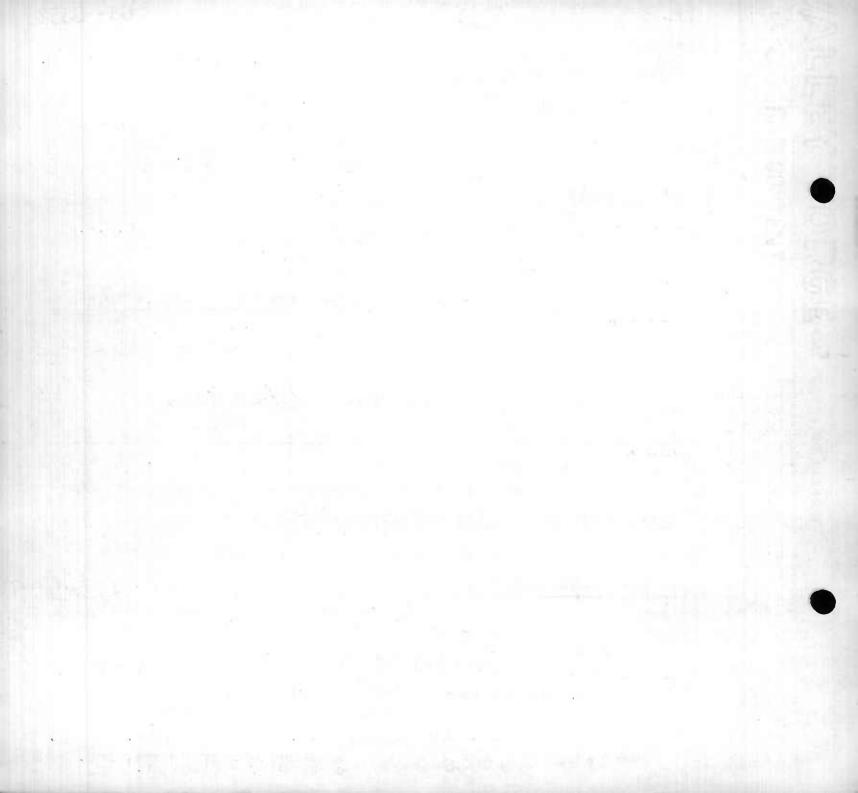
IRTH NO. NAME OF DECEASED		2. DATE AN	ID HOUR OF DEAT	Н
(ype or Print) Harry Bo	wers	8	17/6K	12000
. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Whe A. STATE B. COUN	rd deceased lived. If	institution: residence befare admissiar
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET		Baltimore	53-00
NSTITUTION ADDRESS OF LOCA	A HON/	C. CITY OR TOWN		NSIDE CITY LIMITS?
House in the Pines	Belwedene	Rodgers For	ge	YES NO X
2525 W. Belved		313 Bumbarton	Rd.	
SEX 6. RACE	7- MARRIED NEVER MARRIED		9. AGE (In years	If Under 1 Yr. If Under 24 Hrs
Male White	WIDOWED DIVORCED	July 9 1880	lost birthday) 88	Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work	108. KIND OF BUSINESS OR INDUSTR		ign country)	12. CITIZEN OF WHAT COUNTR
one during most of working life, even if retired) Clerk Retired	P.R.R.	Baltimore, Md		
FATHER'S NAME	2 9 2 4 9 22 9	14. MOTHER'S MAIDEN NA		
Franklin	Bowers	Elizabeth E	merick	
. Was Deceased Ever in U. S. Armed Far		17. INFORMANT		ADDRESS
(es, na ar unknown) (If yes, give wor ar date	s of service) SECURITY NO.	Mrs. Harry Bur	gan 500 F	12nd Street
18.410,9	CAUSE OF DEAT		gan Joy E.	APPROXIMATE INTERVAL
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the obove cause (A)	ony, giving (B) DUE TO, OR A	SA CONSEQUENCE OF	Dofe en	S 3 70
injury ar camplication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the obove cause (A) UNDERLYING CONDITION lost.	ony, giving stoting the (C)	consequence de	Ooken wo.	et sout
DISEASES OR CONDITIONS, if itse to the obove cause (A) UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS COITO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR	death.) ony, giving Stoting The (C)	mes con	Defe en	et zous
DISEASES OR CONDITIONS, if itse to the obove cause (A) UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS COITO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR	ony, giving stoting lhe (C)	mes con	Defe esc 208. IF YES, WER IN CERTIFYING C	RE FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASES OR CONDITIONS, if itse to the obove cause (A) UNDERLYING CONDITIONS to The Total Teach of the Disease or Conditions CO To THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 119B. CON	ony, giving stoting lhe (C)	20A. AUTOPSY? (Yes or No	IN CERTIFYING C	RE FINDINGS CONSIDERED CAUSES OF DEATH?
ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the obove cause (A) UNDERLYING CONDITION lost. 11 OTHER SIGNIFICANT CONDITIONS COITO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR 19 A. DATE OF OPERATION 198. CON WAS PERFORM CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 21 D. TIME (Manth) (Day) (Year)	ony, giving stoting lhe (C)	20A. AUTOPSY? (Yes or No	(If in Boltim	CAUSES OF DEATH?
DISEASES OR CONDITIONS, if ise to the obove cause (A) UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONDITION PAR 19A. DATE OF OPERATION 19B. CONWAS PERFORMAN CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	ony, giving stoting lhe (C)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltim	CAUSES OF DEATH?
ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the obove cause (A) UNDERLYING CONDITION lost. 11 OTHER SIGNIFICANT CONDITIONS COID TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 1198. CON WAS PERFORM CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 21 A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 21 D. TIME (Manth) (Day) (Year) OF INJURY (APPROX.)	ony, giving stoting lhe (C)	in or obout 21C. WHERE DID office bidg., INJURY OCCUR?	(If in Boltim	CAUSES OF DEATH?
ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, if itse to the obove cause (A) UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONDITION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CON WAS PERFORM CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 21.A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (natify medical examiner) 21.D. TIME (Manth) (Day) (Year) OF INJURY (APPROX.)	ony, giving stoting The (C)	in or about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltim	nare City, give exact lacation)
ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the obove cause (A) UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS COITO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CONWAS PERFORM CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 21 D. TIME (Manth) (Day) (Year) OF INJURY (APPROX.) 22. 1 certify that (1) (this hospital that (1) (we) lost sow the decease	ony, giving stoting The (C)	in or about 21C. WHERE DID iffice bidg., INJURY OCCUR? 21F. HOW DID INJ	(If in Baltim	nare City, give exact lacation)
ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, if itse to the obove cause (A) UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONDITION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CON WAS PERFORM CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 21.A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (natify medical examiner) 21.D. TIME (Manth) (Day) (Year) OF INJURY (APPROX.)	ony, giving stoting The (C)	in or about 21C. WHERE DID iffice bidg., INJURY OCCUR? 21F. HOW DID INJ	(If in Baltim	nare City, give exact lacation)
ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the obove cause (A) UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITION S CO. TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CONWAS PERFORM CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 21D. TIME (Manth) (Day) (Year) OF INJURY (APPROX.) 22. 1 certify that (1) (this hospital that (1) (we) lost sow the decease and hour and from the causes stated.	ony, giving stoting The (C)	in ar about 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJ 19 and the view the body after death.	(If in Boltim	nare City, give exact lacation) 19 6 purple on the do
ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the obove cause (A) UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS COITO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CON WAS PERFORM CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (natify medical examiner) 21D. TIME (Manth) (Day) (Year) OF INJURY (APPROX.) 22. 1 certify that (1) (this hospital that (1) (we) lost sow the decease and hour and from the causes state 23A. SIGNAPURE	ony, giving stoting The (C)	in ar about 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJ 19 and the view the body after death.	(If in Baltim	nare City, give exact lacation) 19 6 purple on the do
ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the obove cause (A) UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CO. TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CON WAS PERFORM CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 21D. TIME (Manth) (Day) (Year) (APPROX.) 22. 1 certify that (1) (this hospital that (1) (we) lost saw the decease and hour and from the causes stated 23A. SIGNAPURE	ony, giving stoting the (C)	in ar about 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJ ile	(If in Baltim	plnion death occurred on the do
ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, if itse to the obove cause (A) UNDERLYING CONDITION fost. II OTHER SIGNIFICANT CONDITIONS CONDITION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 19A. DATE OF OPERATION 19B. CON WAS PERF 19D. THE CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 21.A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (natify medical examiner) 21.D. TIME (Manth) (Day) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this hospital that (I) (we) lost sow the decease and hour and from the causes state 23A. SIGNAPURE 23.C. PHYSICIAN'S NAME (Type) DOCTOT Lester 4A. BURIAL CREMATION, 1245. DATE	ony, giving stoting the (C)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJ ite	(If in Baltim	plnion death occurred on the do
ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the obove cause (A) UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS COITO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CON WAS PERFORM CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (natify medical examiner) 21D. TIME (Manth) (Day) (Year) OF INJURY (APPROX.) 22. 1 certify that (1) (this hospital that (1) (we) lost sow the decease and hour and from the causes state 23A. SIGNAPURE 23C. PHYSICIAN'S NAME (Type) DOCTOR LESTER	ony, giving stoting The (C)	20A. AUTOPSY? (Yes or No. 20 A. AUTOPSY? (Yes or	(If in Baltim	enue (City, lown, or county) CAUSES OF DEATH? 19 19 238. DATE SIGNED (City, lown, or county) (State)

VS 150-REV. 1/1/6B

Sithel Wadefeld Home 6500 York Rd.

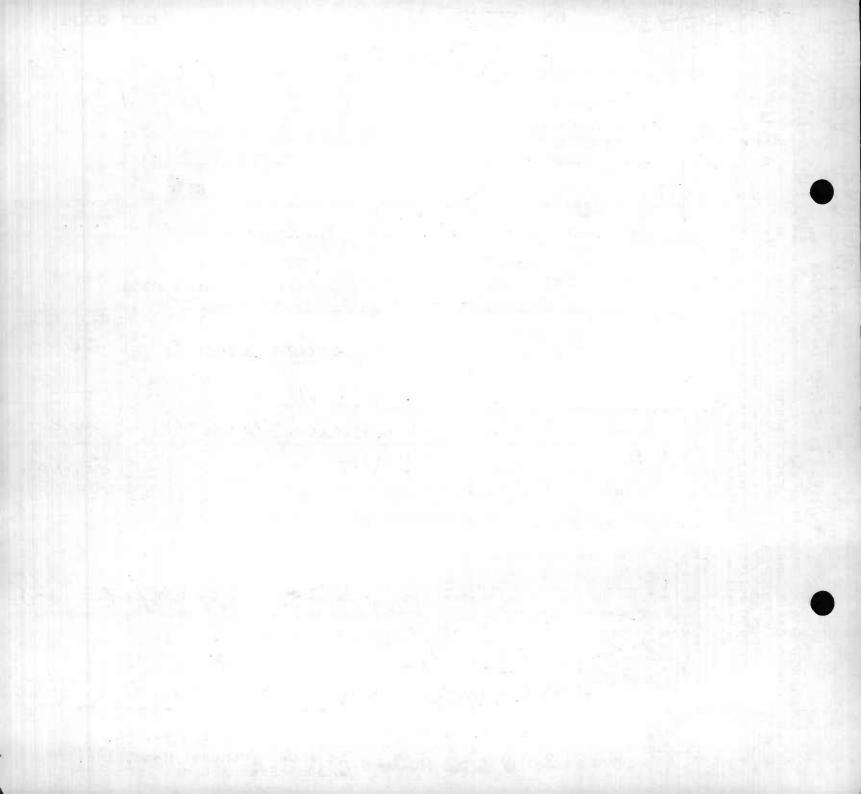


VS 150-REV, 1/1/68



If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS 4940 EASTERN AVENUE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exact lacation) and that in(my) (aur) apinion death accurred on the date 23B. DATE SIGNED BCH: 4940 EASTERN AVENUE, BALTIMORE, MARYLAND (City, town, or county) Baltimore, Md. Schamunek Funeral Home, Inc. 3331 Brehms Lane VS 150-REV. 1/1/6B

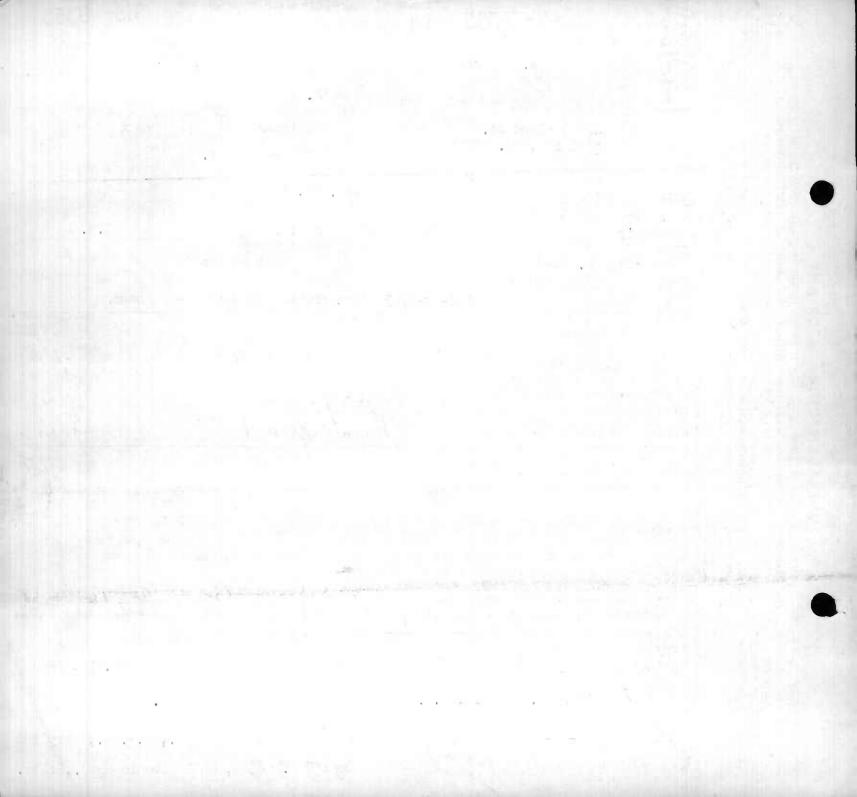
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IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/68



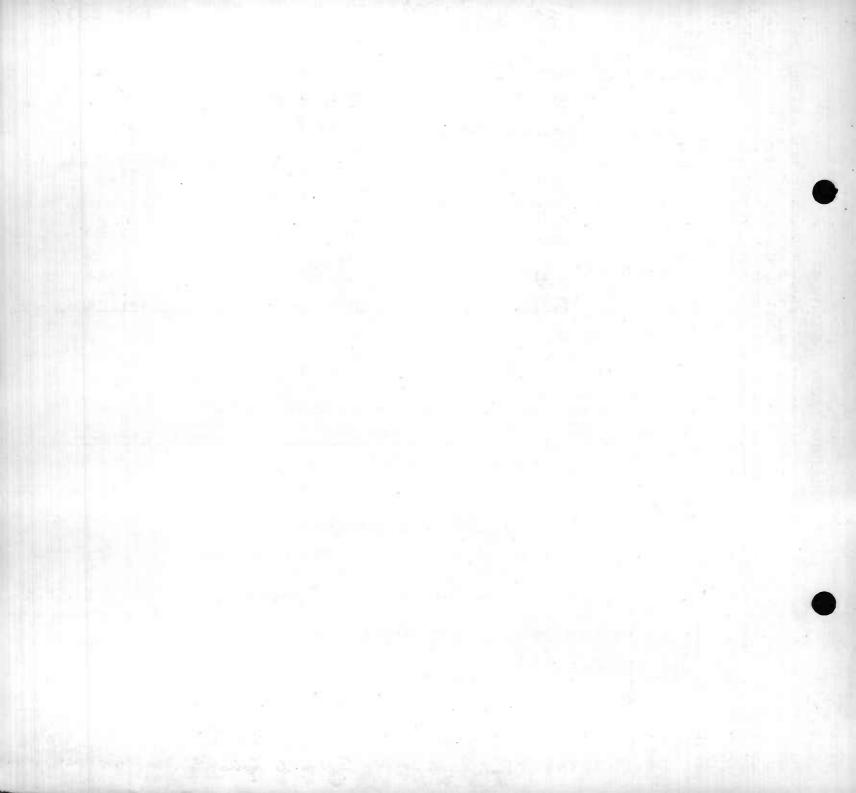
68 - 8556 baltimore city health department

68-	8556

			WED	ICAL	EXA	WINER 2	LEKIIFI	CATE	Or	DEAT	REG. NO)	3300
BIRTH N	O. E OF DEC	EASED					2. DATE	Known	E-2	14 - 4	0-	Yeor	- Free
(Type or	Print)		י לי אינו זווו	MOLICI	7.T		OF	Estimot		Month 8	Doy	68	Hour
4 PLACI			HN KAZA RYLAND, W			CED DEAD	3. DATE	Estimot	lea L.,	Month	21 Dov	Yeor	1:05р м.
FULL NAM			T IN HOSPITA					UNCED DE	EAD				
HOSPITAL OR INSTIT		ADDRE	SS OR LOCA	TION)			5 UCUAL C	ECIDENICE	1140		gust 21	, 1968	
OK IIVSIII	011011						A. STATE	ESIDENCE	(where	deceosed II	B. COUNTY	on: residence	e before admission)
	Ch		lome an			L D.Q.A.		Maryla	nd				1
6. SEX		7. RACE		B. MARRI	ED 🗌 N	EVER MARRIED X	C. CITY OF	R TOWN			DINSIDE	CHY LIMITS	
Male		White		WIDOW	ED 🗌	DIVORCED .	В	alto.		Car		YES 🗷	NO 🗆
9. DATE	OF BIRTH	1	10. AGE (In			1 Yr. If Under 24 Hrs. Doys Hours Min.	E. STREET	AND NUM	BER				
Jan.	15.	1934	34	"		DOY'S THOUSE TAKEN.	2	20 S.	Ches	ter Si	t.		11.7
		tote or foreig		1	12. CITIZ		13. FATHER						
Re	Itimo	ro Mo	ryland		WHA	T COUNTRY?	Ja	seph K	6791	ourell-f			
14A.USU	AL OCCUI	ATION (Giv	e kind of work	14B. KIND	OF BUSI	NESS OR INDUSTR							
	Labor	orking life, ev		Tanan (2. 25	al Hanles	Aver	Torr					
			U.S. ARMED		2 117.	social Worker	18. INFOR	na: Jaw Mant	Orsk	I		ADDRESS	
(Yes, no o	r unknown)	(If yes, give	wor or dotes	of service)	01	SOCIAL SECURITY NO.	3.6mg 77	James d'	7/0 -0	n n :] - d	- 220	c ch	anton Channel
Yes	1	voles	n Conf.	TICE	2	2-30-1470 CAUSE OF DEA		uward	Naza	LYSWOII	- 220		ester Street
1 9	1/2	141											TWEEN ONSET AND DEATH
			ITION DIREC	CTLY		Arteriosc:	lerotic	cardi	Lovas	cular	diseas	e	
/71		EADING TO				(A)IMMEDIATE							
he	ort foilure,	osthenio, etc	mode of dy . It means the	diseose,		DUE TO, OR	AS A CONSEC	QUENCE OF	:				
in	ury or com	plicotion whi	ch coused dec	oth.)									
	AN	TECEDENT	CAUSES			(B)							
DI	SEASES C	R CONDITI	ONS, IF ANY	, GIVING		(B)DUE TO, OR	AS A CONSE	QUENCE O	F:				
UI	NDERLYIN	G CONDIT	ION LAST.	IIIVO IIIE		(c)							
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¥ 61			NDITIONS CO										
E IC			RELATED TO		NAL								
F					FOR WHI	CH OPERATION W	AS PERFOR	MED				21. AUT	OPSY? (Yes or No)
0													V
₹ 22A!	EXTER	NAL CAUSE	WAS		22B. PLAC	E OF INJURY(e.g.,	in or obout	22C. WHER	E DID (If in Boltimo	re City, give e	exact location	Yes
SUND	ERLYING	OR CON	TRIB-			m, foctory, street, offic							
		Month) ((TH. Doy) (Yeor) (Hour	1 22F 11	NJURY OCCURRED		22F. HOW	DID IN	IUPV OCC	1102		
OF II	NJURY	monny (c	,,, (1001	/ (11007	WHILE		WHILE		010 111.	OKI OGG	OK.		
23.	ROX.)				m, WORK	V TA	VORK					7	
23.	Locati	fy that I h	ald as t	nguiry [] In	spection AL	topsy XX	and the	at an th	ie basis	death in m	v opinian	
								-	_				
	result	ed from: 1	latural cau	ses 🔛	Accid	dent Suici	de 📙 H	amicide L			ned manner		
	ACTUAL	6	1 . 1	11/1	/	11		CHIEF MEI			F272		DATE SIGNED
	SIGNATU	JRE /	wed	115	en	M.I	o, ASS	ISTANT ME	DICALE	XAMINER	Σx̄x		
	EXAMINI						ASS	OCIATE ME	DICALE	XAMINER	□.		
0.11 0111	NAME (T			N. Ko		um, M.D.	COEMAT	ORY	10.10	LOCATION	-	ist 21.	, 1968
	RIAL CREA AL (Specif		248. DATE		24C. N	AME of CEMETERY	ar CKEMAI	ORT	240.	LOCATION	(City, to	wn, or count	ty) (Stote)
	ial		8/24/6	8	St	. Stanisla	us Cem	etery		Baltin	nore, M	arylan	d
		BY HEALTH				REGISTRAR	25C.	FUNERAL	DIRECTO	OR		ADDRESS	
		AUG 2	2 1968	000	. fr	2. Farbert	A Ge	orge A	. We	ber -	705 S.	Ann S	t. #21231
16.151	E14 3 /1 /2=		M 1000	VIOL	AN.	. 0 0		0 5	17	6			
V5 151-R	EV. 1/1/6B			1	(3)	5 24 E3		() ~	See and	200			1/

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VS 150-REV, 1/1/68



VS 150-REV. 1/1/68

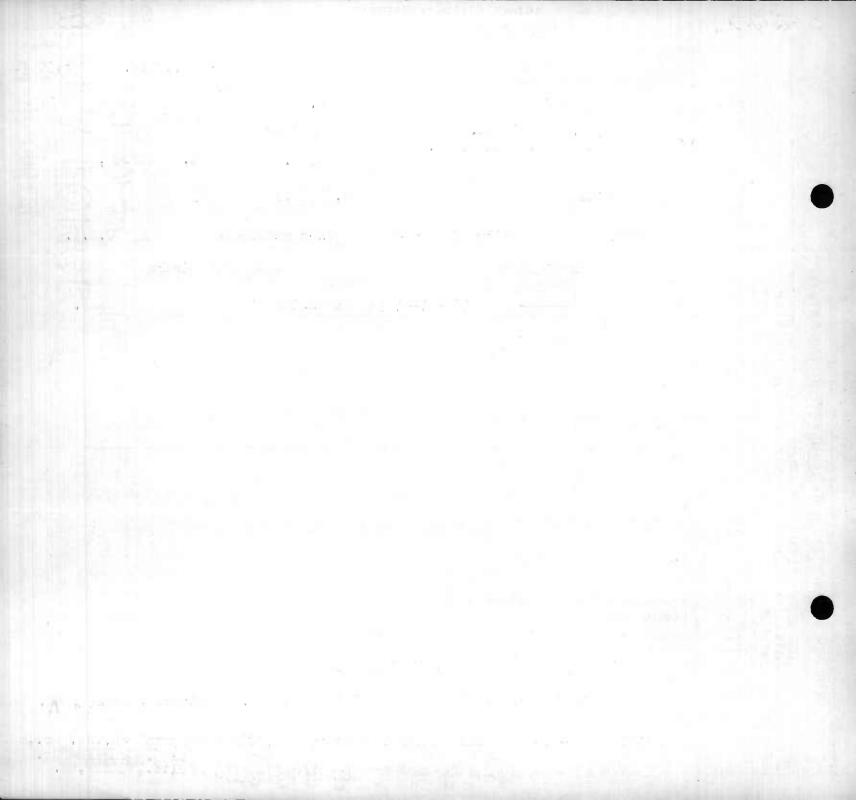
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BALTIMORE CI	TY	HEALTH	DEPARTMENT
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68- 8558 CERTIFICATE OF DEATH

G. NO.	68-	8558
_		

T . D 2 - 43	SED			2. DATE AN	D HOUR OF DEATH		
Type or Print)		JOHN S	ISOLAK		August 17,19	68. 8:30 P.	
B. PLACE IN BALTIN	ORE MARYLAN			4. USUAL RESIDENCE (Whe	re deceased lived. If insti-	rution; residence before admission	
FULL NAME OF HOSPITAL OR NSTITUTION	ADDRESS OR	LOCATION)	TITUTION, GIVE STREET	C. CITY OR TOWN ON INSIDE CITY LIMITS?			
		Bouldin :		Baltimore	٧	ES 🚹 NO 🗌	
00	Baltimo:	re , 212	24 , Md.	817 S. Bou	ldin St. # 2	1224 •	
SEX 6.	RACE	7- MARRI	ED X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs	
Male	White	WIDOW	ED DIVORCED	Feb. 11, 1883	85	Aonths Days Hours Min.	
one during most of wor			Of DOSINESS OR INDOSTRI	TI, DIKTITE ACE (3:01e Of 101e	ign country/	12, CHIZEN OF WHAT COUNTR	
Retire		Rai	lroad Worker	Czechoslov		U.S.A.	
3. FATHER'S NAME			· · · · · · ·	14. MOTHER'S MAIDEN NA	ME		
	John :	Sisolak		Eliz	abeth Bielka		
S. Was Deceased Ev	er in U. S. Arm yes, give war	ed Forces? or dotes of servic		17. INFORMANT		ADDRESS	
No			711-07-4785		solak	Same.	
18.207	91		CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT	
	OR CONDITIO			1			
LE	ADING TO DE	EATH	(A) IMMEDIATE CAL	ISE LANKEMI	a	2 90.	
		de of dying, e	9. DUE TO, OR AS	A CONSEQUENCE OF:			
heart failure, asi		means the disea	se,				
AN	TECEDENT CA	USES	(8)				
DISEASES OR	CONDITIONS	, if any, giv	ng DUE TO, OR AS	A CONSEQUENCE OF:			
rise to the			he				
UNDERLYING O	CONDITION 18	51.	(C)				
OTHER SIGNIFICATION TO THE DEATH E	BUT NOT RELATED	D TO THE TERMIN					
				100 t			
DISEASE OR CON		S PERFORMED	R WHICH OPERATION	ZUA. AUTOPSY? (Yes of No	IN CERTIFYING CAUS	DINGS CONSIDERED	
19A. DATE OF O	WAS UNDERLY	ING	21 B. PLACE OF INJURY (e.g., i home, farm, foctory, street, o	n or obout 21 C. WHERE DID	IN CERTIFYING CAUS	DINGS CONSIDERED ES OF DEATH? City, give exact location	
19A-DATE OF O	WAS UNDERLY NG CAUSE O edicol exominer)	ING D	21 B. PLACE OF INJURY (e.g., i home, farm, foctory, street, o etc.)	in or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore C	ES OF DEATH?	
19A-DATE OF O	WAS UNDERLY	S PERFORMED TING (Yeor) (Hour)	21B. PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID ffice bidge, INJURY OCCUR?	(If in Boltimore C	ES OF DEATH?	
19A-DATE OF OIL 21A. ACCIDENT OR CONTRIBUTION DEATH (notify modern of injury) (APPROX.)	WAS UNDERLY NG CAUSE O edicol exominer) Aonth) (Doy)	ING (Yeor) (Hour)	21B. PLACE OF INJURY (e.g., into the property of the property	in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore C	ES OF DEATH?	
19A-DATE OF OI 21A, ACCIDENT OR CONTRIBUTION OF CONTRIBUTION OF INJURY (APPROX.)	WAS UNDERLY NG CAUSE O edicol exominer) Annth (Doy)	ING (Yeor) (Hour)	218. PLACE OF INJURY (e.g., into the property of the property	in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore COURY OCCUR?	ES OF DEATH? City, give exact location)	
19A. DATE OF OIL 21A. ACCIDENT OR CONTRIBUTING DEATH (notify mo 21D. TIME OF INJURY (APPROX.) 22. I certify the that (I) (we) Ia	WAS UNDERLY NG CAUSE O edicol exominet) Anonth (Doy) at (1) (this has st saw the de	SPERFORMED (Yeon) (Houn) spital) attende ceased alive a	21B. PLACE OF INJURY (e.g., interpretation of the control of the c	in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore COURY OCCUR?	ES OF DEATH? City, give exact location)	
21A. ACCIDENT OR CONTRIBUTION OF INJURY (APPROX.) 22. I certify the that (I) (we) Ia	WAS UNDERLY NG CAUSE O edicol exominet) Anonth (Doy) at (1) (this has st saw the de	SPERFORMED (Yeon) (Houn) spital) attende ceased alive a	21B. PLACE OF INJURY (e.g., in home, farm, foctory, street, o etc.) 21E. INJURY OCCURRED While At Nat While At Work d the deceased fram	21F. HOW DID INJ	(If in Boltimore Court occur?	ES OF DEATH? City, give exact location)	
19A-DATE OF OI 21A. ACCIDENT OR CONTRIBUTION DEATH (notify me) 21D. TIME (A OF INJURY (APPROX.) 22. I certify the that (I) (we) Ia and haur and fi	WAS UNDERLY NG CAUSE O edicol exominer) Annth (Doy) at (1) (this has st saw the de ram the cause	(Year) (Hour) spital) attende ceased alive a stated abave	21B. PLACE OF INJURY (e.g., into the content of the	21F. HOW DID INJ 23D. ADDRESS	(If in Boltimore Court of the C	ES OF DEATH? City, give exact location) 19 on death accurred an the day 38. DATE SIGNED	
19A-DATE OF OIL 21A. ACCIDENT OF CONTRIBUTION DEATH (notify me) OF INJURY (APPROX.) 22. I certify the that (I) (we) la and haur and fr 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type	was UNDERLY NG CAUSE O edicol exominer) Anonth) (Doy) at (1) (this has st saw the de ram the cause	(Year) (Hour) spital) attende ceased alive as stated above	21B. PLACE OF INJURY (e.g., interpretation of the content of the c	21F. HOW DID INJ 23D. ADDRESS 3501 Fait Ave	(If in Boltimore Court occur? 19ta nat in (my) (aur) aplnic Shaff Phys2	21224, Md.	
19A-DATE OF OI 21A. ACCIDENT OR CONTRIBUTION DEATH (notify model) 21D. TIAME OF INJURY (APPROX.) 22. I certify the that (I) (we) Ia and haur and fire and	WAS UNDERLY NG CAUSE O edicol exominer) Anoth) (Doy) at (1) (this has st saw the de ram the cause ARTELIA A	(Year) (Hour) spital) attende ceased alive as stated above	218. PLACE OF INJURY (e.g., into the content of the	21F. HOW DID INJ 22F. HOW DID	(If in Boltimore Court of the C	ES OF DEATH? City, give exact location) 19 on death accurred an the day 38. DATE SIGNED	



IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

9:30 am.

If Under 24 Hrs.

NO K

Doys

ADDRESS

BETWEEN ONSET AND DEATH

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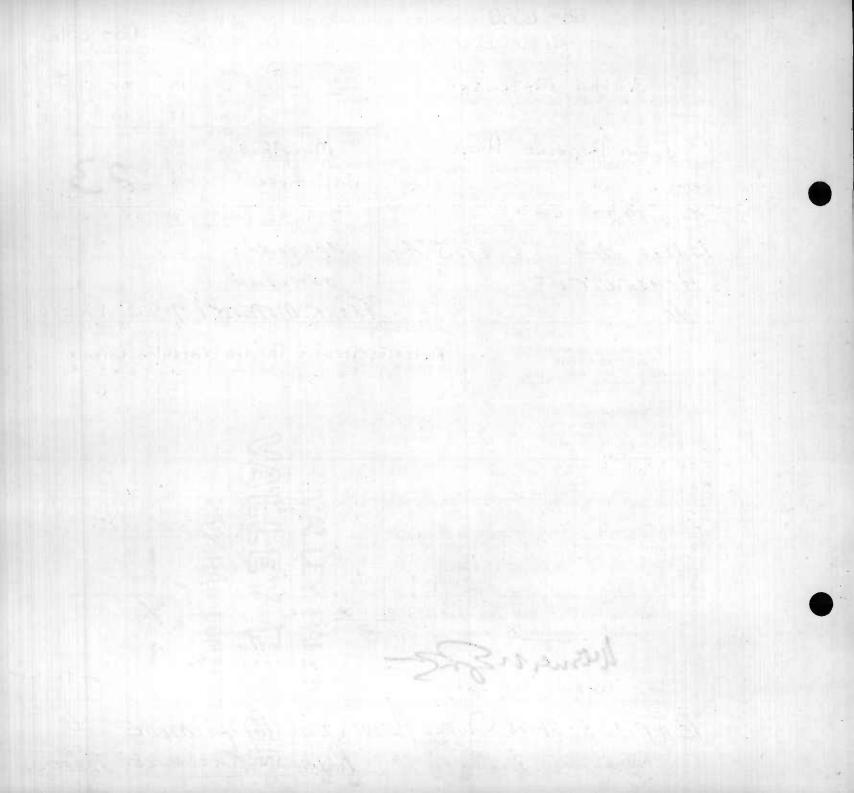
VS 151-REV. 1/1/6B

68- 8560 BALTIMORE CITY HEALTH DEPARTMENT

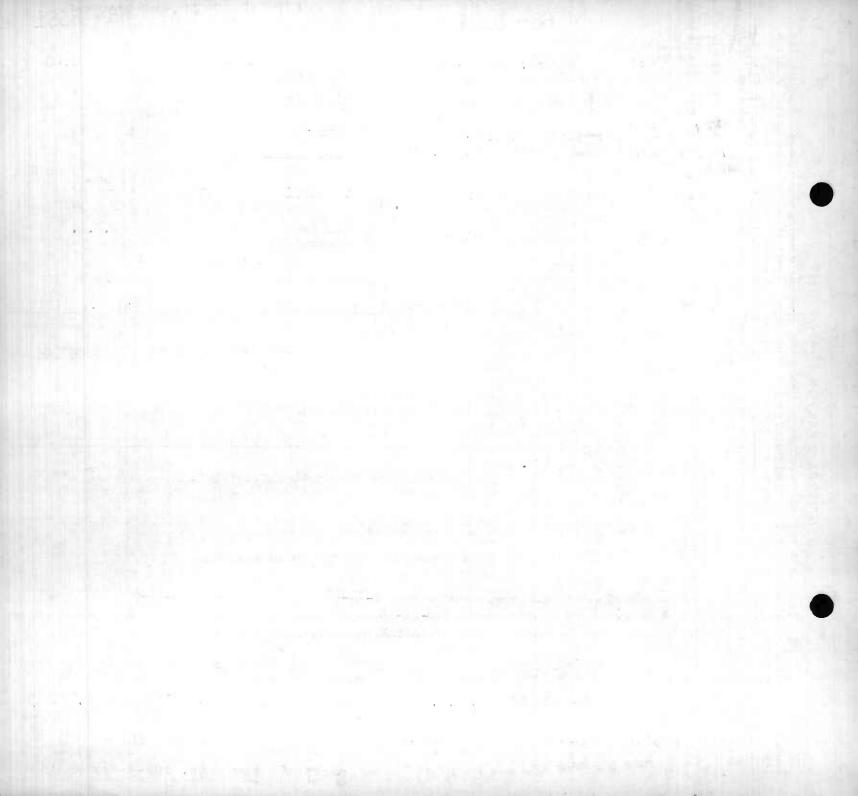
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

68-	8560
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MEDICAL EXAMINER 5 C	LEKTIFICATE OF DEATH REG. NO.
BIRTH NO. I. NAME OF DECEASED	2. DATE Known Manth Day Year Hour
Type or Print) Bertha Majewski	OF STATE OF
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimated S 1 6 1 M. 3. DATE Manth Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD & 17 61- 150 P.
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: residence befare odmissian)
33 Johns Hopking Hosp	A. STATE MARY LAND B. COUNTY
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIJE CITY LIMITS?
Temale CAW WIDOWED DIVORCED	13Altimore YES & NO
9. DATE OF BIRTH 10. AGE (In years last birthday) 11. AGE (In years Months, Doys, Hours, Min.	E. STREET AND NUMBER 719 S. Rose S+
11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF	13. FATHER'S NAME
BALTO MD WHAT COUNTRY?	UNKNOWN
4A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY lane during mast of warking life, even if refired)	
HOUSEWIFE	UNKNOWN
16. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or Inknown) (If yes, give war ar dates of service) 17. SOCIAL SECURITY NO.	FRANK MATEUSK, 719 S. POSE ST
19. 1 2 4. CAUSE OF DEAT	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	scleratic Cardio Vascular Disease
(A)IMMEDIATE C	
heort foilure, osthenio, etc. It meons the diseose, injury ar complication which caused death.)	o A Consequence of
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(C)	
CC)	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes ar No)
0	Yes
UNDERLYING OR CONTRIB. hame, farm, factory, street, affice	in or obaut 22C. WHERE DID (If In Boltimore City, give exact location) e bldg., etc.) INJURY OCCUR?
☐ UTING ☐ CAUSE OF DEATH. 22D. TIME (Month) (Day) (Yeor) (Haur) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY	WHILE ORK
23.	
	tapsy and that an this basis, death in my apinian
resulted from: Natural causes Accident Suicid	
ACTUAL MUSS O 125	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
SIGNATURE M.D	
NAME (Type) WERNER 4- Spitz	ASSOCIATE MEDICAL EXAMINER EJ
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	ar CREMATORY 24D. LOCATION (City, tawn, ar caunty) (State)
19 4 RIA/8-21-68 JACRED HE	ART (Em. BALTIMORE Co
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25 FUNERAL DIRECTOR ADDRESS
AUG 22 1968 (1. D. & & Strabeuma	KAYMOND L. KACZOROWSKI CIET ST.



VS 150-REV. 1/1/68



VS 151-REV. 1/1/68

68-8562 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO 68-8562

IRTH NO.	REG. NO.
NAME OF DECEASED	2. DATE Known Month Doy Yeor Hour
ALMA RINGSDORF	OF DEATH Estimoted IX August 16, 1968 6:15 P.M.
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD August 16, 1968 8:25 P.M.
OSPITAL ADDRESS OR LOCATION) PRINSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
KXXXXXX 1835 W. Lombard Street	A STATE B. COUNTY Maryland
SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
female white widowed DIVORCED	Baltimore
DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER
Set 7 4 1877 lost birthdoy) Months Doys Hours Min.	1005 77 7 1 1 6
1. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	1835 W. Lombard Street
WHAT COUNTRY?	Date O
rocces, Max. 4.5 A.	1 see Kryselorf
ALUSUAL OCCUPATION (Give wind of work 14B. KIND OF BUSINESS OR INDUSTRY one during most of working life, every fretired)	15. MOTHER'S MAIDEN NAME
Komemoker -	wellen
S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL ses, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	18. INFORMANT ADDRESS
Secont Tito.	Robert F. Know 14000 Lock Rower
19. // CAUSE OF DEAT	TH APPROXIMATE INTERVAL
7/4/	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arterios	sclerotic Cardiovascular Disease
(A)IMMEDIATE C	
heart failure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	AS PERFORMED 21. AUTOPSY? (Yes or No)
DATE OF OPERATION 200. CONDITION FOR WHICH OPERATION WA	21. AUTOPST? (185 of 140)
	No
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., home, form, foctory, street, office	in or obout 22C. WHERE DID (If in Boltimore City, give exoct location)
UTING CAUSE OF DEATH.	
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
	WHILE ORK
23.	ORK
I certify that I held on Inquiry Inspection X Au	topsy ond that on this basis, death in my opinion
resulted from: Notural couses X Accident Suicid	
resolted from: Nototion cooses (A) Accident	CHIEF MEDICAL EXAMINER
ACTUAL 1100 0 A ZOSA	DATE SIGNED
SIGNATURE LUSTICA M.D.	ASSISTANT MEDICAL EXAMINER
EXAMINE(S Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER 8/17/88
Tranz (type)	COPPLIATORY AND LOCATION ION IN ION
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Burea 8/19/68 Ubont Day.	my unitered 1 scella , old.
SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
ALIC AD 10CV DO & C TAO	111 15/1 (000011)

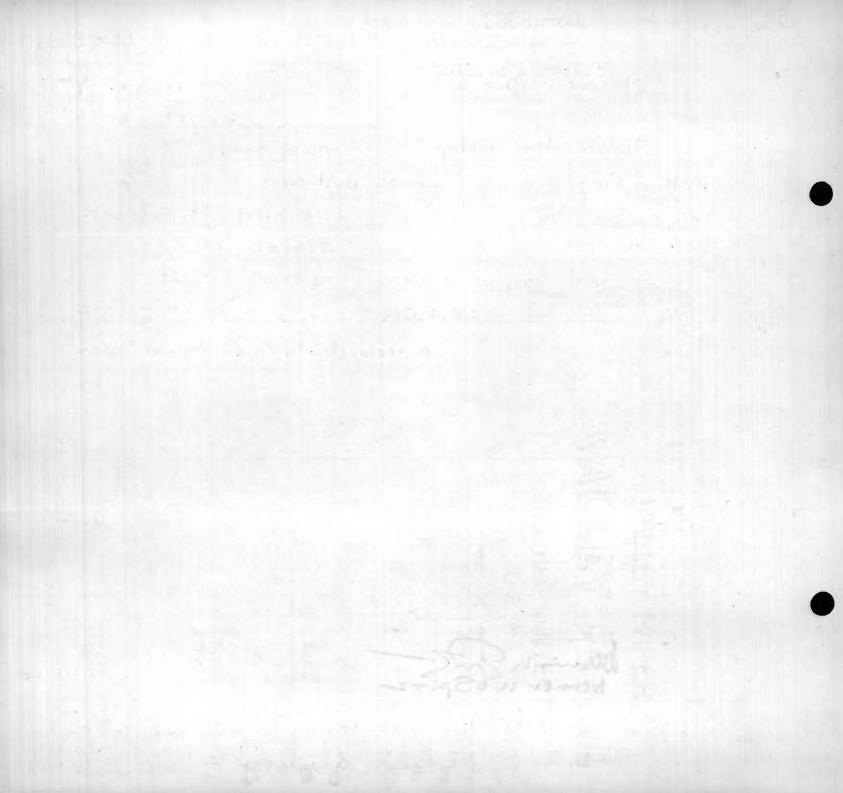
454 Roter angelog Balde, Md. Kerzenglen Robert F. Krown / 4000 horteller Bureal Holes Utroit don n Country Pagette , Hell Wing The Love of From 1201 E to

H-630 M-625

68- 8563 BALTIMORE CITY HEALTH DEPARTMENT

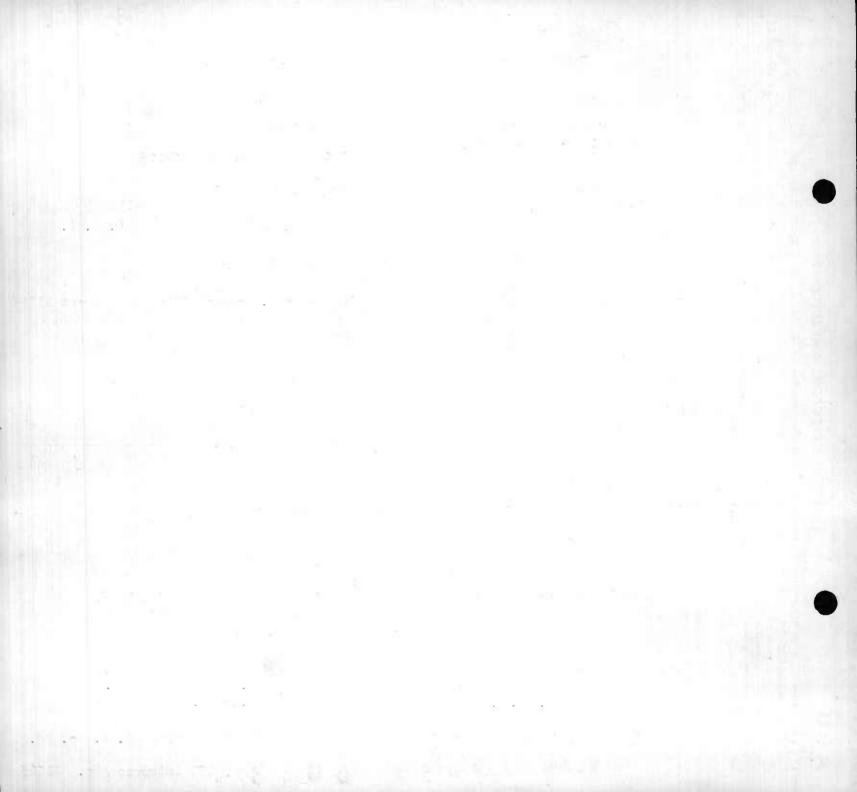
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	68-8563
BIRTH NO.	
1. NAME OF DECEASED CLARENCE HI HART - 2. DATE Known Month Doy OF DEATH Estimated 17	65 Hour PM.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy	Yeor Hour
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 5. USUAL RESIDENCE (Where dece osed lived. If institution is institution)	67 4 - PM
35 Church Home + Hospe A. STATE MARYLAND B. COUNTY	
6. SEX 7. RACE B. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE	CITY LIMITS?
MAIC CAN WIDOWED DIVORCED & BAHIMORY	YES NO .
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER Months; Doys; Hours; Min.	0.00
JAN. 6. 1842 76 2312 Fleet St. #	21224.
DENNISON, OHIO 12. CITIZEN OF WHAT COUNTRY? SAMUEL HART	
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME	
done during most of working life, even if retired) RETIRED MACHINE OPERATOR NETTIE BLISS	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 218-10-5262 ELIZABETH CLARK A	A FLEET ST.
19. 1 CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY ARTERIOS cleratic Cardio Vascula	
	in piperije
(A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:	
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	
ANTECEDENT CAUSES (B) DUE TO, OR AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST. (C)	
OF TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	Total All YORGUS (Von No.)
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
	No
228. PLACE OF INJURY(e.g., in or obout 22C. WHERE DID (If in Boltimore City, give home, form, foctory, street, office bldg., etc.) INJURY OCCUR?	exoct location)
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.) MHILE AT NOT WHILE AT WORK	
23.	
I certify that I held an Inquiry Inspection Autopsy and that an this basis, deoth in m	y apinian
resulted from: Natural causes 🔀 Accident 🗌 Suicide 🔲 Homicide 🔲 Undetermined manne	
CHIEF MEDICAL EXAMINER	
ACTUAL COMPANY ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE M.D. ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER	8-18-65
NAME (Type) WEI-WEI- W. 0 3P 72	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, to	wn, or county) (State)
REMOVAL (Specify) BUDINI 8-21-68 MT, CARMEL CEMETERY 5713 O'DONNE	SALTON,
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	ADDRESS
AUG 22 1968 Rent & Faluna Charles Sizeler 801	S.CONKLING ST.
1300 Vickent E. Bukuna lahoples A feeler BAL	TO, 21224, MD.
VS 151 PEV 1/1/AR	

VS 151-REV. 1/1/6B



FUNERAL DIRECTOR: IMPORTANT

	AME OF DEC	EA SED			ND HOUR OF DEATH	
	e or Print)		Adele Lowman	Augu	st 21, 1968	
3. PI	LACE IN BAL	TIMORE MARYLAND, W	HERE PRONOUNCED DEAD	A. STATE B. COUP	ere deceased lived, if in	nstitution: residence before ad
HOS	L NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET ATION)	Maryland	DUNSI	IDE ONY LIMITS?
-	92		ursing Home	Baltimore		YES X NO
B	10	3911 2nd	Street 21225	E. STREET AND NUMBER 3722 6 th	Street 212	225
S. SE	emale	6. RACE White	7- MARRIED NEVER MARRIED WIDOWED DIVORCED	March 8, 1905	9. AGE (In years lost birthdoy) 63	If Under 1 Yr. If Under Months Doys Hours
		JPATION (Give kind of worl working life, even it retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT CO
uone		Worked	- Year 1990 W	Baltimore,	Maryland	U. S. A.
13. F	ATHER'S NA			14. MOTHER'S MAIDEN NA		
	Asa I	ownan		Margaret R	hodes	
IS. W	Vas Deceased	Ever in U. S. Armed For		17. INFORMANT	-10405	ADDRESS
Yes,	No or unknown	(II yes, give wor or dote	es of service) SECURITY NO.	Miss Grace I.	Lorman 272	2 6th Street 2
1	18. / -> =		CAUSE OF DEAT		DOWNIAN STAZ	APPROXIMATE IN
	heart failure, injury ar com DISEASES Crise to the	at meen the made of asthenia, etc. It means opplication which coused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A)	ony, giving (8)	A CONSEQUENCE OF:	of left le	g 3½ yr
NO	DISEASES Crise to the UNDERLYING	asthenia, etc. It means plication which coused ANTECEDENT CAUSES OR CONDITIONS, if abave cause (A) CONDITION tast.	ony, giving DUE TO, OR AS stoting the (C)	A CONSEQUENCE OF:		
ATION	DISEASES Crise to the UNDERLYING	asthenia, etc. It means iplication which coused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) is CONDITION tast. IL CANT CONDITIONS COUNTIONS COUNTION TO THE CONDITION TO	ony, giving DUE TO, OR AS stoling the (C)	A CONSEQUENCE OF:		7 yrs FINDINGS CONSIDERED USES OF DEATH?
AL CERTIFICATION	DISEASES CONTRIBUTION OF THE DEAT OF THE D	asthenia, etc. It means plication which coused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) CONDITION tast. ILLIANT CONDITIONS COMBINED TO TO CONDITION GIVEN IN PARTICIPAL CONDITION PRATICIPAL CONDITION 1988. CONDITION 1989. CONDITION 1989.	ony, giving DUE TO, OR AS stoting The (C)	A CONSEQUENCE OF: A CONSEQUENCE OF: On ion 20A. AUTOPSY? (Yes or N	o) 208. IF YES, WERE IN CERTIFYING CA	7 yrs
MEDICAL CERTIFICATION	DISEASES CONTRIBUTION OF THE DEAT OF THE D	asthenia, etc. It means uplication which coused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) CONDITION tast. ILANT CONDITION S COMBUT NOT RELATED TO TONDITION GIVEN IN PARTICIPATION 1985. CON WAS PER STUNG CAUSE OF CAUSE OF	ony, giving DUE TO, OR AS stoting the (C)	20A. AUTOPSY? (Yes or N In or obout 21C. WHERE DID INJURY OCCUR?	O) 208. IF YES, WERE IN CERTIFYING CAI	7 yrs FINDINGS CONSIDERED USES OF DEATH?
MEDICAL CERTIFICATION	DISEASES CE (158 to 15 t	asthenia, etc. It means plication which coused antecedent Causes (A) (CONDITIONS, if a abave cause (A) (CONDITION last. ICANT CONDITIONS COMBINED TO TRELATED TO TO NODITION GIVEN IN PARTICIPAL TO THE CONDITION GIVEN IN PARTICIPAL TO THE CONDITION GIVEN IN PARTICIPAL TO THE CONDITION GIVEN IN PARTICIPAL TO THE CAUSE OF MEDICAL TO THE CONDITION GIVEN GOVERNMENT (Month) (Doy) (Yeor) That (I) (TEXTREMENT)	ony, giving DUE TO, OR AS stoting the (C)	A CONSEQUENCE OF: Onsion 20A. AUTOPSY? (Yes or N in or obout 21C, WHERE DID ffice bldg, INJURY OCCUR? 21F. HOW DID IN.	0) 208. IF YES, WERE IN CERTIFYING CAI	7 yrs FINDINGS CONSIDERED USES OF DEATH? The City, give exact location
MEDICAL CERTIFICATION	DISEASES CONTROL OF THE RESIGNIFICATION OF THE PER SIGNIFICATION OF THE	asthenia, etc. It means plication which coused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) to CONDITION tast. ICANT CONDITIONS COME BUT NOT RELATED TO TO CONDITION GIVEN IN PART OPERATION 198. CON WAS PER TOWN CAUSE OF medicol exominer) (Month) (Doy) (Yeor) that (1) (182863013	ony, giving DUE TO, OR AS stoting the (C)	A CONSEQUENCE OF: DA CONSEQUENCE OF: 20A. AUTOPSY? (Yes or N in or obout 21C. WHERE DID in JURY OCCUR? 21F. HOW DID IN.	o) 208. IF YES, WERE IN CERTIFYING CAI	7 yrs FINDINGS CONSIDERED USES OF DEATH? re City, give exoct locotion)
MEDICAL CERTIFICATION	DISEASES CONTROL OF THE RESIGNIFICATION OF THE PER SIGNIFICATION OF THE	asthenia, etc. It means plication which coused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) to CONDITION last. ILLICANT CONDITIONS COME BUT NOT RELATED TO TONDITIONS COME BUT NOT RELATED TO TONDITION GIVEN IN PAIR OPERATION 198. COME WAS PER COME CAUSE OF MEDICAL CAUS	ony, giving DUE TO, OR AS stoting the (C)	A CONSEQUENCE OF: DA CONSEQUENCE OF: 20A. AUTOPSY? (Yes or N in or obout 21C. WHERE DID in JURY OCCUR? 21F. HOW DID IN.	o) 208. IF YES, WERE IN CERTIFYING CAI	7 yrs FINDINGS CONSIDERED USES OF DEATH? The City, give exact location
MEDICAL CERTIFICATION	DISEASES Crise to the UNDERLYING OTHER SIGNIFT TO THE DEAT DOOR CONTRIBLE DEATH (nofity 21 D. TIME OF INJURY (APPROX.) 22. A certify that (1) 3620 and haur and	asthenia, etc. It means plication which coused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) to CONDITION last. ILLICANT CONDITIONS COME BUT NOT RELATED TO TONDITIONS COME BUT NOT RELATED TO TONDITION GIVEN IN PAIR OPERATION 198. COME WAS PER COME CAUSE OF MEDICAL CAUS	ony, giving DUE TO, OR AS Stoting The (C)	A CONSEQUENCE OF: A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or N in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID IN. 19 and till view the bady ofter death.	o) 208. IF YES, WERE IN CERTIFYING CAI	7 yrs FINDINGS CONSIDERED LUSES OF DEATH? THE City, give exact location) 21/68 19- Inion death accurred an f
MEDICAL CERTIFICATION	DISEASES CONTRIBUTION OF THE PROPERTY OF THE P	asthenia, etc. It means plication which coused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) to CONDITION last. ICANT CONDITION SCO H BUT NOT RELATED TO TO NONDITION GIVEN IN PAIR OPERATION 1988. CON WAS PER MIT WAS UNDERLYING CAUSE OF medical examinet) (Month) (Doy) (Year) that (1) (1) (1) (Year) I ast saw the decease of fram the causes star RE	ony, giving stoting the (C)	20A. AUTOPSY? (Yes or N 20A. AUTOPSY? (Yes or N 21F. HOW DID IN.	OI 208. IF YES, WERE IN CERTIFYING CAI (If in Boltimor JURY OCCUR? 19 to 8/1 hat in(my) (2520 api	7 yrs FINDINGS CONSIDERED LUSES OF DEATH? TO City, give exoct location) 21/68 19 Inion death accurred an to 238, DATE SIGNED 8/2/68 0 AVE •
MEDICAL CERTIFICATION	DISEASES CONTROL OF THE PROPERTY OF THE PROPER	asthenia, etc. It means plication which coused antecedent Causes (A)	ony, giving DUE TO, OR AS DUE TO, OR AS Stoting The (C)	20A. AUTOPSY? (Yes or N lin or obout 21C. WHERE DID fifice bidg., INJURY OCCUR? 21F. HOW DID IN. 21F. HOW DID IN.	208. IF YES, WERE IN CERTIFYING CAI (If in Boltimor JURY OCCUR? 19 to 8/1 hat in(my) (2622) api Shoff Phys. Patapscoo, Md. 21	7 yrs FINDINGS CONSIDERED LUSES OF DEATH? TO City, give exoct location) 21/68 19 Inion death accurred an to 238, DATE SIGNED 8/2/68 0 AVE •
MEDICAL CERTIFICATION	DISEASES CONTRIBUTION OF THE PROPERTY OF THE P	asthenia, etc. It means indication which coused antecedent Causes of antecedent Causes of Conditions, if a bave cause (A) is Condition to the condition of the	ony, giving DUE TO, OR AS stoting the (C)	A CONSEQUENCE OF: 20 A CONSEQUENCE OF: 20 A AUTOPSY? (Yes or N in or obout) 21 C. WHERE DID (ffice bidg., INJURY OCCUR? 21 F. HOW DID IN. 22 F. HOW DID IN. 23 D. ADDRESS 203 1 Balto EMATORY 24D. I	208. IF YES, WERE IN CERTIFYING CAI (If in Boltimor JURY OCCUR? 19 to 8/1 hat in(my) (2622) api Shoff Phys. Patapscoo, Md. 21	7 yrs FINDINGS CONSIDERED LUSES OF DEATH? THE City, give exoct location) 21/68 19 Inion death accurred an 19 238. DATE SIGNED 8/2/68 0 AVE • 225 ity, town, or county)



VS 150-REV. 1/1/68

Such

	BALTIMORE CITY	HEALTH DEPARTMENT		00 0505
Diam.	3565 CERTIFICA	TE OF DEATH	REG. NO	68- 8565
1. NAME OF DECEASED (Type or Print) Bolden, F	annie		20.68	8.45 PM
	INSTITUTION, GIVE STREET HOSPITAL	A. STATE R. COUNT MANY COUNT C. CITY OR TOWN E. STREET AND NUMBER	D. INSI	YES NO NO
	RRIED NEVER MARRIED OWED DIVORCED NO OF BUSINESS OR INDUSTRY	7/4/04 10	AGE (In years birthdoy) 64	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
one during most of working life, even if retired) Relived		vighi	a	U.S. 14
3. FATHER'S NAME		14. MOTHER'S MAUSEN NAM SUSIE		
S. Was Deceased Ever in U. S. Armed Forces? (es, no or unknown) (If yes, give war or dates of se	16. SOCIAL SECURITY NO.	17. INFORMANT DEOH GIZNNO		19N. Pappleton
DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stotin UNDERLYING CONDITION lost.	9 9	A CONSEQUENCE OF:		
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO THE TENDED DISEASE OR CONDITION GIVEN IN PART 1 (A).		· · · · · · · · · · · · · · · · · · ·		
	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore	e Cily, give exact location)
21 D. TIME (Month) (Day) (Year) (House (APPROX.)	While At Nort While Work At Work		RY OCCUR?	
22. I certify that (I) (this haspital) attention that (I) (we) last sow the deceased alive	e on 8 · 2			nion death occurred on the dat
ond hour and from the couses stated ab	Atte Phys	nding Med. S	taff hys.	23B. DATE SIGNED 8 '20' 68'
23C. PHYSICIAN'S NAME (Type)	AFZAL DEGREE	30. ADDRESS Frankle	in Sq.	ItoSpifal
24A. BURIAL CREMATION, 24B. DATE REMOVAL, (Specify)	24C. NAME AT GEMETERY OF CRE	MATORY 24D, LO	CATION CON	tyn John for county) (State)

I winter Sq. Hospital Butines 7/4/04 64 Linghman Lewis UN SURNAL AND Sugar Swelling 218141302 D.DI A . V - 3 WAF ZARL Charles France C 221 18 Ch

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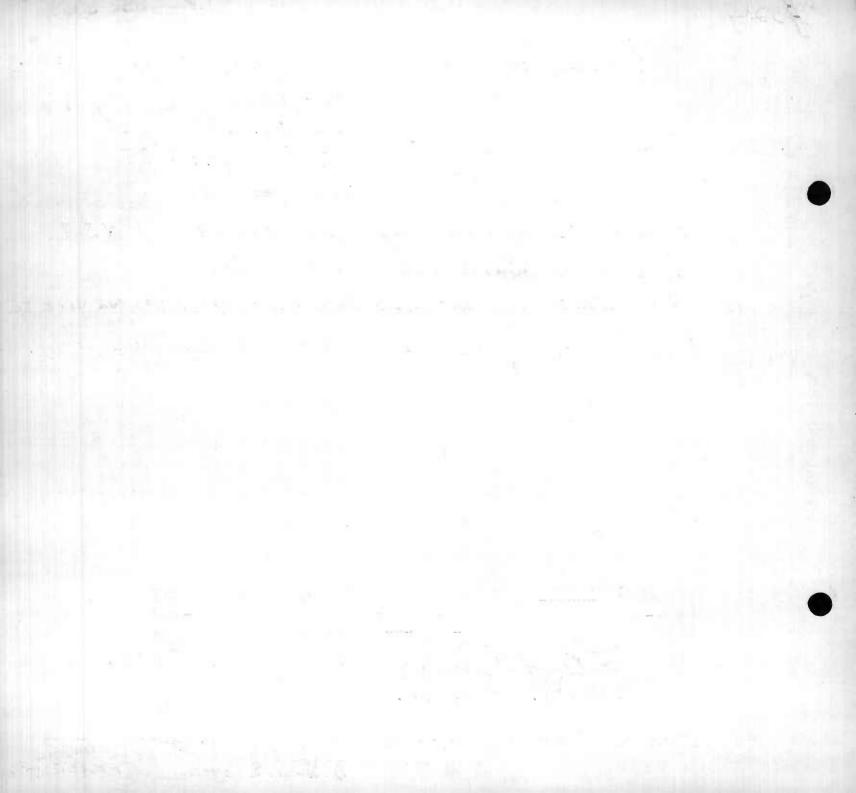
VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

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THE THE PERSON IN AT L

JAVIETS IN A ST.



VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

8569 CERTIFICATE OF DEATH

CO.

No. 68- 8569

BIRTH NO.	00	- 00	000	CERTIFICA	IE OI	DEATH			3		
I. NAME OF DECE							ID HOUR OF DEAT	H			
(Type or Print)	SMIT	TH, AI	LBER	T LEONARI)	AUG	GUST 19,	1968	3:00A. M		
3. PLACE IN BALT	IMORE, MARYLAND, W	HERE PROP	OUNCE	DEAD	A. STATE	RESIDENCE (When	re deceased lived. If	institution: reside	ence befare admission)		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION						RYLAND	1	1	No. of Concession, Name of Street, or other party of the Concession, Name of Street, or other pa		
						C. CITY OR TOWN D. INSIDE CITY LIMITS?					
ST AGNES HOSPITAL					BALTIMORE YES W NO [
70	CATON & V				E. STREET AND NUMBER						
	BALTIMORE	E, MAI	RYLA	ND 21229	22.	3 SOUTH [DUNCAN ST	REET			
SEX	6. RACE	7. MARRIE	D N	VER MARRIED	B. DATE C	F BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Months Ooy	Yr. If Under 24 Hrs.		
MALE	WHITE	WIDOW	ED X	DIVORCED	12-	28-04	63				
	PATION (Give kind of world	10B. KINO	OF BUSI	NESS OR INDUSTRY	11. BIRTHI	LACE (Stote or forei	gn country)	12. CITIZEN	OF WHAT COUNTRY		
STOREROO	orking life, even il retired) OM	TURN	BULL	ENTERPR	SES	VIRGINI	IA	U.S	S.A.		
3. FATHER'S NAM	NE .				14. MOTH	ER'S MAIDEN NA	ME				
THOMAC	CMITH				1.0	LA SPAIN					
	SMITH Ever in U. S. Armed For	rces?	16.5	OCIAL	17. INFOR			AC	ODRESS		
(es, no or unknown)	(If yes, give wor or dote	s of service	e) S	ECURITY NO.			CORDC CAT				
NO	NON	4		4-14-068		AGNE S'RE	CORDS CAT				
18.45 à	OR CONDITION DI			CAUSE OF DEAT	Н				PPROXIMATE INTERVAL WEEN ONSET AND DEATH		
hearl failure, o	al meon the made af asthenia, etc. II means plicolian which coused .NTECEDENT CAUSES	the disea deoth.)		(A) IMMEDIATE CAL DUE TO, OR AS			Infarction		••••••		
				(B) OK TO	VEIN	prombos	13				
	R CONDITIONS, if obave cause (A))	A CONSEC	111	1. (/			
UNDERLYING	CONDITION last.			(c) Dumping	1 4 4	plahsorpi	tion lynd	rome			
466%	(11	Marie Lie									
OTHER SIGNIFIC	CANT CONDITIONS CO										
DISEASE OR CO	NDITION GIVEN IN PAR	RT 1 (A).			1004		V 000				
	OPERATION 198. CON WAS PER	FORMED				VO	ON CERTIFYING C				
OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF medical examiner		21 B. PLAC nome, forr etc.)	E OF INJURY (e.g., in, foctory, street, o	n or obout a	NJURY OCCUR?	(If In Boltin	nore City, give ex	(act locotion)		
M or INITION	(Month) (Doy) (Year)	(Hour)	1E. INJU	RY OCCURRED	1	IF. HOW DID INJ	URY OCCUR?	- C 1			
(APPROX.)			While At Work	Not Whi							
22 1	N. A. Y. /Abia basaina				JLY 3		68 . AU	GUST 19	10 68		
	that (1) (this haspita		All	GUST 19	10	68	1710		19		
	lost saw the deceose	//	n	242424	19	ond fh	of in (A) Al (our) o	pinion death o	occurred on the dote		
	from the couses sto	d above	. /(l) (We) (did) (did/nb/h) (riew the b	ody ofter death.		lead DATE of	TONIE D		
23A. SIGNATUR	1/2	-		Δ+	ending [Med.	Shell III	23B, DATE SI			
	Aline			DEGREE Phy	s	Director L	Staff Phys.	08 20	0 68		
23 C. PHYSICIAN	pe)			100	23D. ADDR						
SAL	VADOR QUIR	07.		DEGREE	ST A	GNES HOS	P.BALTO M	1D 21229)		
AA. BURIAL CREM	AATION. 248. DATE	24C	NAME O	CEMETERY OF CR	EMATORY	1081A 240. L	OCATION	(City, town, or co	ounty) (Stote)		
Rupin	11. 8-22-	68	1		TARK	bot	ouldas	Jetur	4d		
25A. DATE REC'D	BY HEALTH DEPT	25B. NAM		GISTRAR	25C. F	UNERAL DIRECTO	and the same	WERAL	ADDRESS		
A	UC TY PAN	M2 0	7 7	May July M. B.	6	0-4.00	P. 1. 10 1. 0	TO CIT ME	2 1		

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ALEXANDERS CORRECTED SECTION OF THE TRANSPORT OF THE PARTY OF THE PART

9-92-94	W	CO_ OFFIO	HEALTH DEPARTMENT	מביימה:							
TB ata at	BI	TH NO.	TE OF DEATH REG NO68-	8570							
al and death ceased on the	1.	NAME OF DECEASED MAJOR MEGUIRE	2. DATE AND HOUR OF DEATH	300 A.M.							
of of of other	FL	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	4. USUAL RESIDENCE (Where decreased lived. If institution: residence before admission) A. STATE B. COUNTY MARYLAND BALTIMORE								
	HIN	CTITITION	C. CITY OR TOWN . D. INSIDE CITY L								
ed in a l ting cau tactuse; r attend prior to	13	BALTIMORE CITY HOSPITALS 1 4940 EASTERN AVENUE	Baltimore YES NO ME. STREET AND NUMBER								
D + D L d		BALTIMORE, MARYLAND 21224	736 PEACH ORCHARD LANE 21222								
occurre ontribut erminec regular regular		MALE NEGRO WIDOWED DIVORCED	3. DATE OF BIRTH 9. AGE (In years lift Under Months) 14-6-1892								
ath or condet in dece	do	N. USUAL OCCUPATION (Give kind of work 10.8, KIND OF BUSINESS OR INDUSTRY 1 RETIRED	VIRGINIA , Essex Co.,	USA							
T if de (4) Un was the	13	,MAJOR Mc Guire	14. MOTHER'S MAIDEN NAME IDA McGuire								
Sistant the dii kind; death nice on	15	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dotes of service) NO • 16. SOCIAL SECURITY NO. 217-07-6106-A	17. INFORMANT BCH: RECORDS 4940 EASTERN AVE., BALTO., MD.								
or his Also, ree of connounce attendant	efore	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ostherio, etc., II means the disease,	SE ASHD CONSEQUENCE OF:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
RECTO I examin examin (3) A fra n who in regu		Injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A	BETES MELCITUS ACONSEQUENCE OF: AL FAILURE	YEARS							
AL D nedice edical burns; hysician was		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	M/A [20A. AUTOPSY? (Yes or No)] 20B. IF YES, WERE FINDINGS	2 Mas.							
FUNER the chief r by a m 2) Body r e the p		WAS PERFORMED	NO IN CERTIFYING CAUSES OF	DEATH?							
=======================================		21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, offi DEATH (notify medical examiner)	or about 21C. WHERE DID (II in Baltimare City, givine bldg., INJURY OCCUR?	re exact lacation)							
oved by a hospite nature; cept what id (6) No.	MEDI	21 D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?								
e appropriate to the of any tal (ex th); are		22. I certify that (I) (this haspital) attended the deceased fram 7-21 19 68 to 8/22 19 68 that (I) (we) last saw the deceased alive an 8/22 19 68 and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated above. (I) (We) (did) (did nat) view the bady after death.									
C C C C C			Med. Staff Phys. 3D. ADDRESS	E SIGNED 8							
ificate was r 1) An a 2.A. at d d prior		DEGREE	CH: 4940 EASTERN AVE., BALTO.,								
certificody (1) D.O.A.	- 11	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) Semoval (Specily) Burial 8-26-68 Arbutus Memorial Park Arbutus, Maryland									
This cert the body shows: () was D.O decease	25	A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	PORTON & EYETT F.H. 1701	Laurens St.							
	VS	150-REV. MYUSE									

C-550

68- 8571 BALTIMORE CITY HEALTH DEPARTMENT

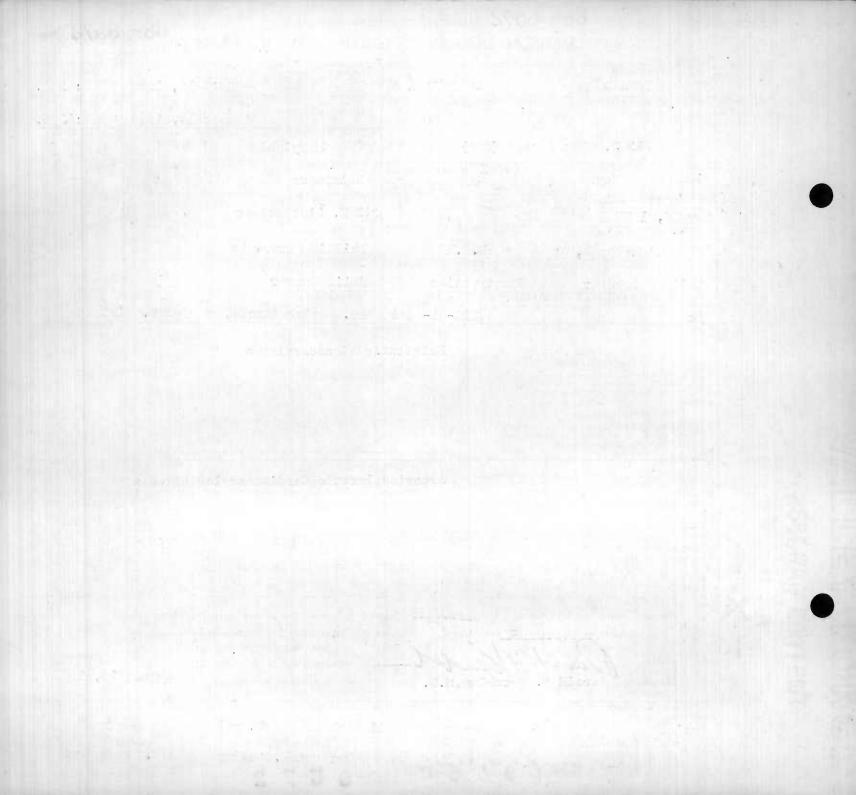
00		000	OFFINA
MEDICAL	EXAMINER'S CERTIFICATE OF DEATH	68-	85/1

BIRTH NO.	CERTIFICATE OF DEATH REG. NO.
1. NAME OF DECEASED	2. DATE Known Month Day Year Hour
(Type or Print) ERNEST CUNION	OF 50000 C
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	8 17 67 d 1 M
OK INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admissed) A. STATE B. COUNTY
22 Church Home + Hosp	MARYIAND
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE ITY LIMITS?
MALE CHEGRO WIDOWED DIVORCED	BAltimore NEW NO [
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths, Days, Haurs, Min.	E. STREET AND NUMBER
2-19-1910 58	129 N. ANU ST
11. BIRTHPLACE(Stote or foreign county) 12. CITIZEN OF	13. FATHER'S NAME
Littleton Porth GROLINA WHAT COUNTRY?	William Cunion
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR	
dane during mast of working life, even if retired)	Decare (
HOLD STACE FOR IN IL COCIAL	TOSADNA CUDION ADDRESS
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar unknown) (If yes, give war or dates of service) 17. SOCIAL SECURITY NO.	18. INFORMANT
No.	Mrs, tear tole 4014 h. teity Hats Hie
19. CAUSE OF DEA	APPOXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	b dural hematoma
LEADING TO DEATH	
(This does not mean the made of dying, e.g., heart failure, osthenia, etc. It means the disease,	AS A CONSEQUENCE OF:
injury ar complication which caused death.)	
ANTECEDENT CAUSES (B) DISEASES OF CONDITIONS IS ANY CIVING DUE TO, OR	AS A CONSEQUENCE OF:
I Mot to the Above choose (A) statito the	
UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	Alteration of Liver
DISEASE OR CONDITION GIVEN IN PART 1 (A)	***************************************
20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
	Yes
	In or about 22C. WHERE DID (If in Baltimare City, give exact lacation) to bldg., etc.) INJURY OCCUR?
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Manth) (Day) (Year) (Haur) 22E.INJURY OCCURRED	in front of 1809 E. FAIRMount
	22F. HOWDID INJURY OCCUR?
	WATER Supposedly fell on street
23.	vork & Supposedly tell on Street
I certify that I held on Inquiry Inspection A	and that on this basis, deoth in my opinion
resulted from: Natural causes Accident Suici	de Homicide Undetermined monner
	CHIEF MEDICAL EXAMINER DATE SIGNED
ACTUAL /1885421 STATE	ASSISTANT MEDICAL EXAMINED
SIGNATURE M.E	C. 16-16
NAME (Type) WERNER L. D Spitz	ASSOCIATE MEDICAL EXAMINER
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY, 24D. LOCATION (City, town, or county) (State)
REMOTAL (Specify)	1.11 61
Burial 8-23-68 DaHimon	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
AUG 22 1968 12 Part 2 Jankers	Morton & Duett +. H. 1701 Lourens of
	The state of the s

State of the local 2-19-1910 58 Lithery Posts Coches USA William Comes Korpuna Cuous hattenile post Ma, roof Cole 4014 / With 16 16 5-22-68 Bestimer Cooking Bestron facilial Moster & Det Et

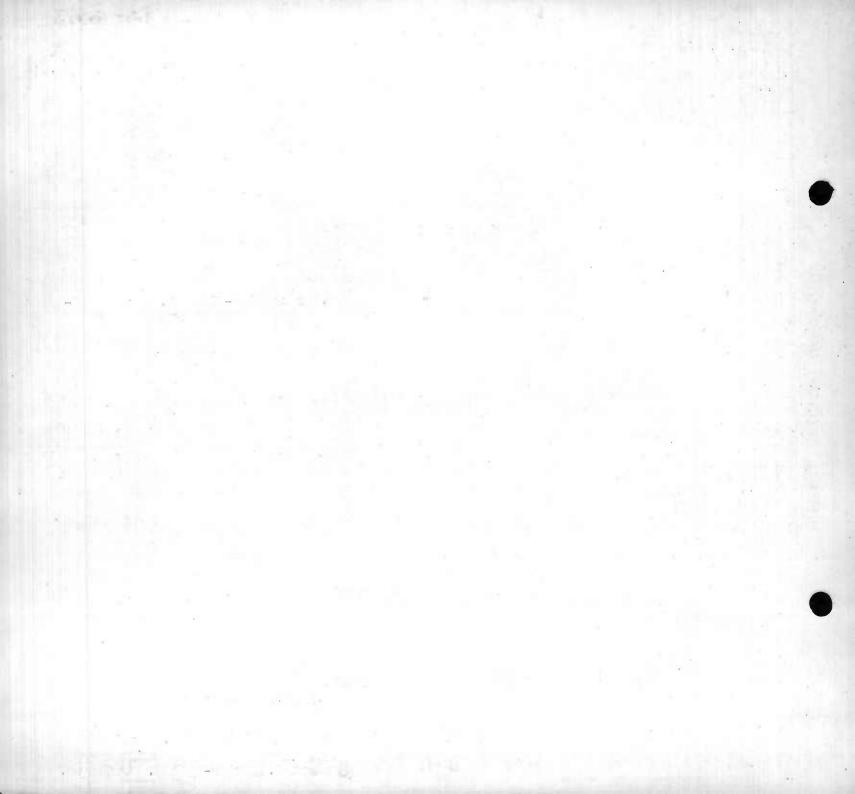
68- 8572 BALTIMORE CITY HEALTH DEPARTMENT

			00-	001	16	BALTIMORE CITY HE	ALTH DEPAR	TMENT		6	8- 8	579			
			MED	ICA	LEX	CAMINER'S	CERTIFIC	CATE OF	DEATH			2740			
BIR	TH NO.									REG. NO	0				
1. NAME OF DECEASED							2. DATE	Known 🗌	Month	Doy	Yeor	Hour			
(Type or Print) EDWARD BURROUGHS							OF DEATH	Estimoted	August	16,	1968	8:45	A.M.		
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						3. DATE	INICED DEAD	Month	Doy	Yeor	Hour				
FUL	L NAME OF SPITAL	(IF NO	T IN HOSPITA	LORINS	STITUTIO	ON, GIVE STREET	PRONOL	INCED DEAD	August	16,	1968	8:45	A . M.		
	INSTITUTION							SIDENCE (When							
6) 3	43 E. 2	21st St	reet	(DC	DA)	A. STATE	Maryland		COUNTY		nu	1		
6. 5		7. RACE		B. MAR	RIED K	NEVER MARRIED	C. CITY OR	TOWN		D. INS DE	CITY LIMITS	-	f		
	Male	Negr	00		WED [Baltimore No No No								
9. [ATE OF BIRT	Н	10.AGE (I	_	If Un	der 1 Yr. If Under 24 Hrs.	E. STREET A	ND NUMBER			1123	110			
M	ay 24, 1	888	10. AGE (II	^{v)} 80	Month	ns Doys Hours Min.	343 E.	21st Str	eet						
	BIRTHPLACE (S		1		12. CI	ITIZEN OF	13. FATHER'	S NAME							
	Enadonic	lechung	h 1/2		W	HAT COUNTRY?	Phill	ip Burro	ughs						
14A	Frederic	PATION (Giv	e kind of work	14B. KIN	D OF B	USINESS OR INDUSTR							-		
done	during most of v	vorking life, ev	en if retired)					Turner							
	Skilled					uction 17. SOCIAL					ADDRESS				
(Yes	WAS DECEAS , no or unknown	(If yes, give	wor or dates	of service	e)	SECURITY NO.	Mrs. Beulah Burroughs 343 E. 21st St								
_	No 19.			_		218-01-8181		euran bu	rroughs	343		PPROXIMATE IN	STERVAL		
	179	,01				CAUSE OF DEA	ın					WEEN ONSET A			
		E OR COND		CTLY		Metastat	cic Ader	nocarcino	ma						
		LEADING TO				(A)IMMEDIATE									
	heort foilure	ot meon the , osthenio, etc	. It meons the	diseose,		DUE TO, OR	AS A CONSEQ	UENCE OF:							
	injury or cor	nplicotion whi	olication which coused death.)												
		NTECEDENT				(B)	II-III alerais incomme sur-us-in-sin incomme sur-us-us-		ter der der ten der der der der der der der der de						
	DISEASES (DR CONDITI E ABOVE CA	ONS, IF ANY	, GIVING	9	DUE TO, OR	AS A CONSEC	QUENCE OF:							
7	UNDERLYIN	G CONDIT	ION LAST.			(c)	0								
CERTIFICATION	199	7	11			(-)									
×		IFICANT COL				Arterios	cleroti	c Cardio	vascula:	r Diec	200				
F		ATH BUT NOT							······································	r Drac					
ERT	20A. DATE OF	PERATIO	N 20B. COI	NOITION	I FOR V	WHICH OPERATION W	AS PERFORM	ED	21. AUTO	21. AUTOPSY? (Yes or No)					
O	0						no								
X		NAL CAUSE			22B. P	LACE OF INJURY (e.g.,	in or obout 2	2C. WHERE DID	(If in Boltimore	City, give	exoct locotion)				
MEDICA	UNDERLYING UTING CA				nome,	form, foctory, street, offic	e bidg., etc.) II	AJORT OCCOR?							
Σ	22D. TIME		Doy) (Yeo	r) (Ho	ur) 22	E.INJURY OCCURRED	2	2F. HOW DID IN	VJURY OCCU	R?					
	(APPROX.)				m. W	HILE AT NOT	WHILE WORK								
	23.				III.J W	ORK LI AIT	YORK LI								
	1 cert	ify that I h	eld on I	nquiry		Inspection X Au	topsy	and that on	this basis, o	deoth In m	ny opinian				
	resul	ted from: N	loturol cau	ses 🗷	Ac	cident Suicie	de Ho	micide 🗌	Undetermin	ed manne	r 🗆				
		7		10	1/	1 , 0		HIEF MEDICAL	EXAMINER						
	ACTUAL	/1/	wolg	11	1/1	w/1-1_	ASSI	STANT MEDICAL	1	x		DATE SIG	NED		
	SIGNATURE Ronald N. Kornblum, M.D. ASSOCIATE MEDICAL EXAMINER August 16, 1968										3				
	NAME (1		110101	100		. din , i i e D e	7550	CIAIL IIILDICIL	L/O (IVIII VER						
	A. BURIAL CRE	MATION,	24B. DATE		240	NAME of CEMETERY	or CREMATO	RY 24D	LOCATION	(City, to	own, or county) (Sto	ite)		
	MOVAL (Speci Burial	ty)	8/20/6	50	10	arver Memora	il Park		Laurel		Maryl	and			
_	A. DATE REC'D	BY HEALTH				OF REGISTRAR		UNERAL DIRECT			ADDRESS				
	DAIL REG D	or the Actifi	1112614 44	250.	or or or	6 F. O		bert E. 1		3035	W. Nort	h Ave			
	1	UG 22	1968	RO	1. 12	E. of Particular	1101	D *7	3						
VS	151-REV. 1/1/68	3		1 3	14/		U	2 6							



VS 150-REV. 1/1/6B

BIRTH NO.	CERTIFICA	IE OF DEATH	KEO. 110.	
1. NAME OF DECEASED	/	2. DATE AN	D HOUR OF DEATH	
Type of Printy CTORIA ECIZABETTH	LEE	AUGU	ST 17, 1968	2 A M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO UNIVERSITY OF MV	NOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If inst	itution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN		MARYCAND	1	1-01
HDSPITAL DR ADDRESS OR LOCATION)		C. CITY OR TOWN		E CHYLIMITS?
38 BALTO. MD 2120	/	BALTIMORE		YES NO
Δ//2/		E. STREET AND NUMBER 4111 MOUNT	WOOD Ra	AD
5. SEX 6. RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	II Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
F N WIDOV	VED DIVORCED	10/17/50	17	
10A. USUAL OCCUPATION (Give kind of work 10B. KINE done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
/ \	igh School	MARYLAN	11)	U.S.A
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ΛE	
HUGO W. LEE		GRACE U	U. WATT	-5
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of servi	ce) SECURITY NO.	Mrs. Grace L	00-4111 MH	Wood Road
118	CAUSE OF DEAT		OU TELL MICE	APPROXIMATE INTERVAL
3/1,8	CAUSE OF BEAT			BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		0 /		440 /
	(A) IMMEDIATE CAL	ISE Bronchop	reumonia	48 hrs
(This daes not mean the made of dying, heart failure, asthenia, etc. It means the dise	e.g., DUE TO, OR AS	A CONSEQUENCE OF:		
injury or camplication which caused death.)			1 -	- 1 18/15/55
ANTECEDENT CAUSES	(-)	Post necro	he circh	MIS GWKS
DISEASES OR CONDITIONS, if any, gir	ving DUE TO, OR AS	A CONSEQUENCE DF:		
rise to the above cause (A) stating	. •			A
UNDERLYING CONDITION lost.	(C)		••••	
581.0 11		1006		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO THE TERMIN				
DISEASE OR CONDITION GIVEN IN PART 1 (A).		Too a Francisco (V	N oob is in a	
198. CONDITION FWAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., i home, lorm, foctory, street, of etc.)	fice bldg., INJURY OCCUR?	,,	,
21D.TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While AI Not While At Wark			
22. I certify that (I) (this haspital) attend			19 60 to AUC	OUST 17 1968
that (I) (we) last saw the deceased alive	A			ian death occurred an the date
	/	the state to de the last	ar intiny, poor, upin	an acom peculied ull like date
and haur and fram the causes stated abov	e. (1) (9e) (ala) (ald 161) V	new the bady after death.		23 B. DATE SIGNED
1 M	ΔHe	nding Med.	Staff	230, DATE SIGNED
Harylorman (ili	/ / / / / DL		Phys.	2//2
	DEGREE		*****	8/17/68
23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS	, ny s.	8/17/68
23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS		8/17/68
24A. BURIAL CREMATION, 24B. DATE 24	DEGREE	23D. Address University	Hospital	8/17/68 r, town, or county) (State)
	DEGREE DEGREE C. NAME OF CEMETERY OF CRI	University MATORY 245. L	Hospital (City	, town, or county) (State)
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial - 8/21/68	DEGREE DEGREE C. NAME OF CEMETERY OF CRI	University MATORY 245. L	Hospital ocation (City ltimore Co. 1	, town, or county) (State)
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial - 8/21/68	C. NAME of CEMETERY or CRI	University Matory Park Bal	Hospital (City	Maryland Address



B-650

		8574	BALTIMORE CITY HE					68-	DEMA
1.		DICAL E	XAMINER'S	CERTIFI	CATE OF	DEAT	REG. NO.	00-	8574
	NAME OF DECEASED			2. DATE	Knawn 🔀	Month	Doy	Year	Haur
	(pe or Print)	Bryan		OF	Estimoted		10	68	
4.	PLACE IN BALTIMORE, MARYLAND,		OUNCED DEAD	3. DATE	Estimoted [Month	Day	Year	8:45 p M
FL	ILL NAME OF (IF NOT IN HOSPIT	AL OR INSTITU		PRONO	UNCED DEAD				
	DSPITAL ADDRESS OR LOCAR INSTITUTION	ATION)		5 LISUAL R	ESIDENCE (Whe	August	ed If institution:	1968	8:45 p N
1	30			A. STATE			B. COUNTY	100	Cake
Á	1615 Clifton Ave	D.O.	A	C. CITY OR	aryland_		D. INSIDE CV	V HAITS?	
	7. 17.		NEVER MARRIED						
	emale Colored	WIDOWED	Under 1 Yr. If Under 24 Hrs.		to. Md.		" YE		NO L
1	lost birthde		nths Days Haurs Min.						1. John
2	5/19/ 1890 78	10	CITIZEN OF		15 Clifte	on Ave.			
	. BIRTHPLACE(State ar foreign cauntry)	12.	WHAT COUNTRY?	13. FATHER	5 NAME	2	0		
	Reisterstown Md.	II to KIND OF	U.S.A.	115 4107115	7	1	?		
do	A.USUAL OCCUPATION (Give kind af wark ne during mast of warking life, even if retired)			J. MOTHE	NAMEN NA	3 YWE	2		
-	Domestic	Pvt.	Family	f	1	ſ			
(Y	. WAS DECEASED EVER IN U.S. ARME es, na or unknown) (If yes, give war or dates	of service)	17. SOCIAL SECURITY NO.	18. INFOR				DRESS	
-					orothy Br	rock-590	2 Leew	ood A	
	19. 4/2/21		CAUSE OF DEA	TH					PROXIMATE INTERVAL EEN ONSET AND DEAT
	DISEASE OR CONDITION DIRE	CTLY	Hyperten	sive ar	terioscle	erotic o	cardiova	scula:	r disease
	LEADING TO DEATH	1	(A) IMMEDIATE C	AUSE					
	(This daes nat mean the mode of d heart failure, asthenia, etc. It means th	e disease,	DUE TO, OR A	AS A CONSEC	DUENCE OF:				
Ŀ	Injury or complication which coused de	oin.)							
Н	ANTECEDENT CAUSES		(8)						
	DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA	Y, GIVING TING THE	DUE 10, OR	AS A CONSE	QUENCE OF:				
2	UNDERLYING CONDITION LAST.		(c)						
ATIO	443X II								
o	OTHER SIGNIFICANT CONDITIONS C								
TIFIC	DISEASE OR CONDITION GIVEN IN	PART 1 (A).	***************************************						
CFRTI	20A. DATE OF OPERATION 20B. CO	NDITION FOI	R WHICH OPERATION W	AS PERFORA	MED			21. AUTO	PSY? (Yes ar Na)
-									No
\delta		228 harr	PLACE OF INJURY (e.g., ne, farm, factory, street, aflic	in ar obout : e bldg., etc.) I	22C. WHERE DID NJURY OCCUR?	(If in Baltimor	e City, give exac	I locatian)	
Cu	UTING CAUSE OF DEATH.								
12	OF INJURY (Month) (Day) (Yea	r) (Havr)	22E.INJURY OCCURRED		22F. HOW DID IT	NJURY OCCL	IR?		
Г	(APPROX.)	m.		ORK					
Н	23.				1.0	4	1		
1	1 certify that I held on						_	7	
r	resulted from: Notural car	uses AA	Accident Suicio		amicide		red monner L	1	
F	ACTUAL DALLAZO	1	8		CHIEF MEDICAL				DATE SIGNED
10	SIGNATURE	151	M.D	. ASSI	STANT MEDICAL	EXAMINER	XX		
ŧ.	EXAMINER'S			ASSC	CIATE MEDICAL	EXAMINER		. 11	1069
2			1son, M.D.	CDEMATO	DRV Jaan	LOCATION		t 11,	
R	EMOVAL (Specify)						(City, tawn,) (State)
L	Burial 8/14/6		Mt. Auburn C	emetery	/	Baltimo		yland	
23	A. DATE REC'D BY HEALTH DEPT.	258. NAM	E OF REGISTRAR	25C.	FUNERAL DIREC	TOR	AC	DRESS	
	AUG 99 1968	00 4	Q In a ma	F	Herbert	E. Nutt	er-3035	W. No	rth Ave.
VS	151-REV. 1/1/68	The state of	6 8 1	0 0	5 7	6			, ,
		1 4	after the same of	-					V

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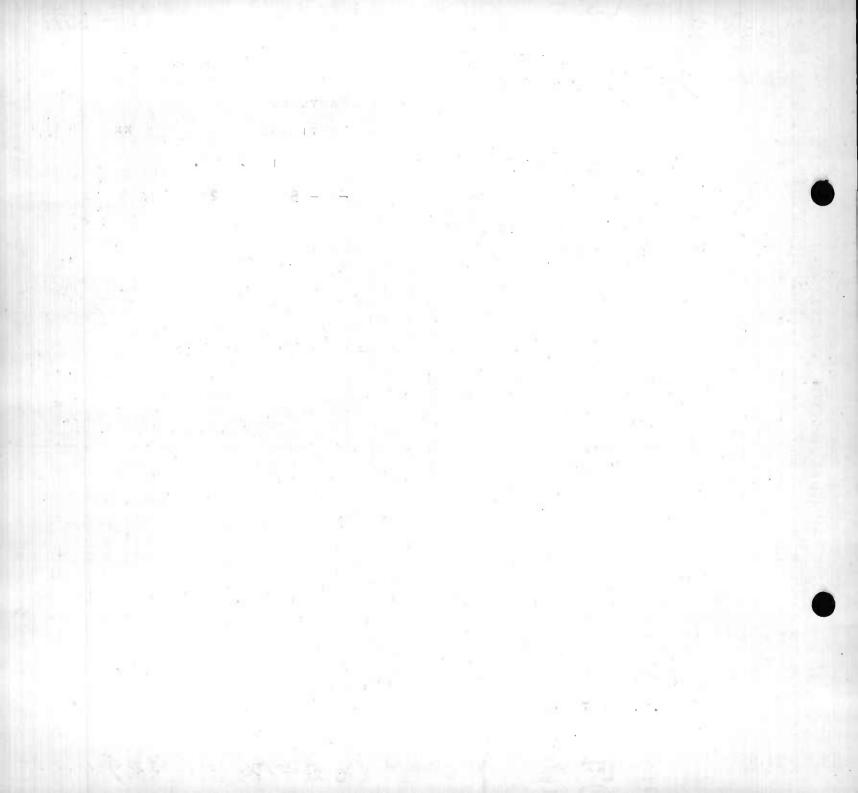
68-8576 baltimore city health department

68-8576

MEDICAL EXAMINER'S CERTIFICA	4 I E	Or	DEATH
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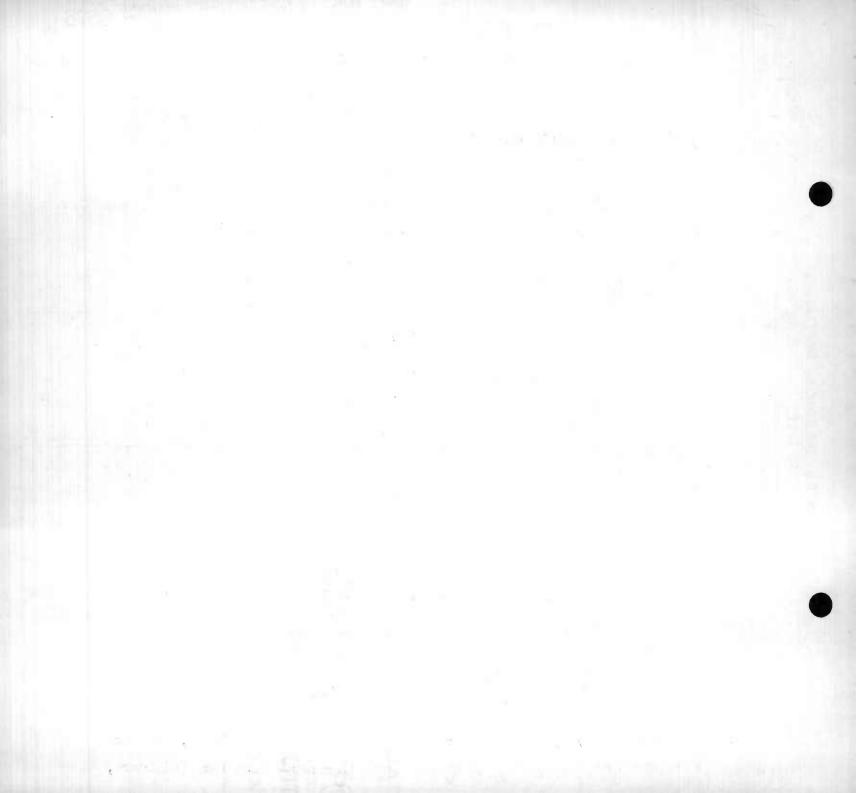
BIRTH NO.	REG. NO.	
	2. DATE Known Month Doy Yeor	Hour
(Type or Print)	OF	
JAMES PULLIAM	DEATH Estimoted 4 8 21 68	9:55 ам.
	3. DATE Month Doy Year PRONOUNCED DEAD	Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	August 21 1968	9:55 а м.
OD INICIPLITION	5. USUAL RESIDENCE (Where deceased lived. If Institution: residence	
0.4	A. STATE B. COUNTY	
1228 McCulloh St. D.O.A.	Maryland	- No. 1
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CUY LIMITS	034
Male Colored WIDOWED □ DIVORCED □	Balto.	NO 🗐
116.20 00.202.00	E. STREET AND NUMBER	NO
lost birthdoy) Manths Doys Hours Min.		
/2-17-19/9 53	1228 McCulloh St.	
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
SUSSEX CO 1/B WHALEOUNTRY?	GOOLET FULLIAM	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY		
donaduring most of working life oven if retter!	12-00	
LOBURER CONCON/RACTON	14134 10115	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18 INFORMANT ADDRESS	
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Clar williams 1228 Meles	LLUN ST
19. L. CAUSE OF DEAT		APPROXIMATE INTERVAL
CAUSE OF DEAT		WEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arteriosc.	lerotic cardiovascular disease	
LEADING TO DEATH	ALISE	
(This does not mean the mode of dying, e.g., DIFTO OR A	S A CONSEQUENCE OF:	
heort foilure, osthenio, etc. It meons the diseose, injury or complication which coused death.)		
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR A	AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
2 (C)		
CC) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS		
THER SIGNIFICANT CONDITIONS CONTRIBUTING		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERSORMED 21 AUT	OPSY? (Yes or No)
O O	ZI. AUI	Orati (resourio)
		No
	in or about 22C. WHERE DID (If in Boltimore City, give exact location)
UNDERLYING OR CONTRIB.	bidg., etc.) INJURY OCCUR?	
UTING L CAUSE OF DEATH. ≥ 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
OF INTITIES		
(APPROX.) WHILE AT NOT V		
23.		
I certify that I held an Inquiry Inspection XX Auto	apsy and that an this basis, death in my apinion	
NV L		
	CHIEF MEDICAL EXAMINER	DATE SIGNED
ACTUAL PRIORIES TO VILLE	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE M.D.		
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	21 1968
NAME (Type) Edward F. Wilson, M.D.		21, 1968
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or count	y) (Stote)
Francia 8/22/68 \$15605	Stoney (ROEK)	4)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR		
238. INAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS	2 66
ALLE DO 1964 DO A & B Longe	Mars some Alfanges 600 19	10 mon of
VS 151 PEV 1/1/69	TO STORY CH	P 1 71
VS 151-REV. 1/1/68	to Mied Do Imes Worry	and one

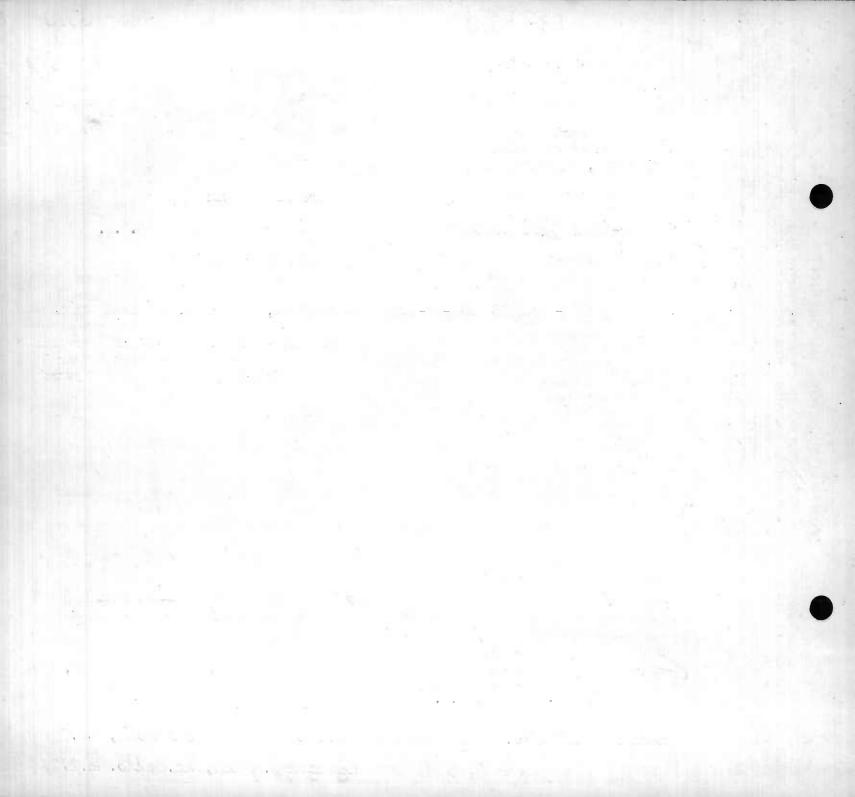
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Leonard J Ruck Inc Baltimore, Md



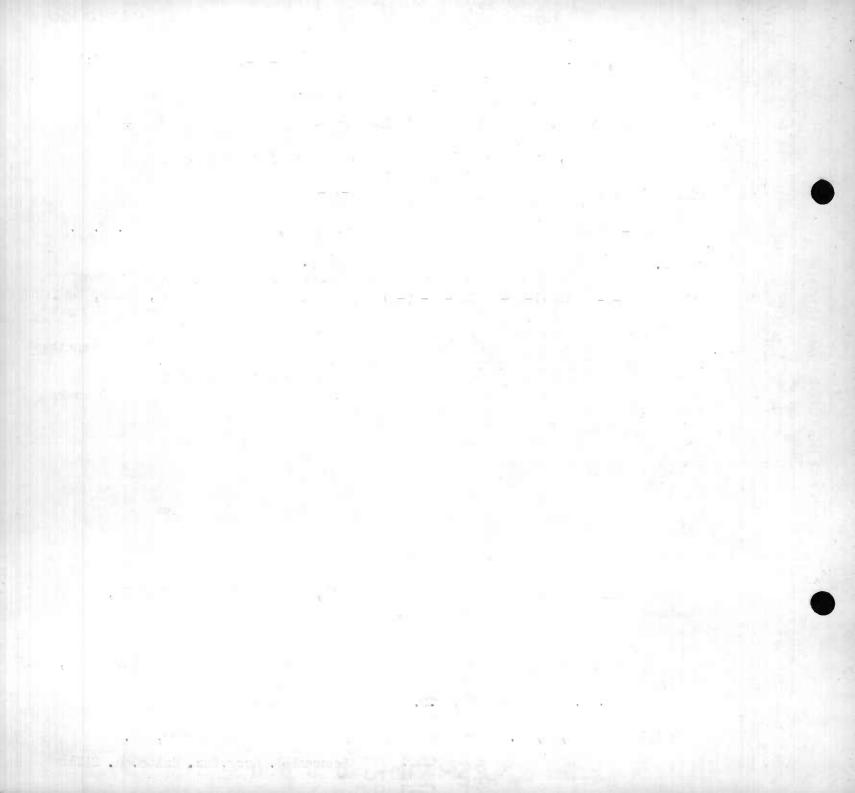


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BALTIMORE CITY HEALTH DEPARTMENT

68- 8580

NAME OF DECEASED				
Type or Print)	3.1 3		D HOUR OF DEATH	10.15
WOOD, Lester E		8-21-		12:45 A
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD		TY	titution; residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	Maryland		m
NSTITUTION		C. CITY OR TOWN	D. INS	DE CITY LIMITS?
1	nistration Hospital	Baltimore		YES X NO
3900 Loch Rav		E. STREET AND NUMBER		
Baltimore, Ma	ryland 21218	1933 East 32No	d Street	
6. RACE	7. MARRIED X NEVER MARRIED X		9. AGE (In years lost birthday)	Months Doys Hours Min.
Male Caucasian	WIDOWED DIVORCED	8-15-08	60	
OA. USUAL OCCUPATION (Give kind of work	10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNT
tone during most of working life, even if retired)	B&ORR	Baltimore, Ma:	bre frm	U. S. A.
Secretary - Clerk 3. FATHER'S NAME	200284	14. MOTHER'S MAIDEN NA		0. D. A.
Adam L. Wood		Mary E. Johnson		
5. Was Deceased Ever in U. S. Armed Fore Yes, no or unknown) III yes, give wor or dote	es of service) SECURITY NO.	17. INFORMANT VA HOS		
Yes 4-3-43 to 11	1-14-45 705-09-05-31	3900 Loch Rave	en Boulevard	, Balto, Md 21218
1B. //	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIE	RECTLY			BETWEEN ONSET AND DEA
LEADING TO DEATH		Brain tumor		8 months
(This daes not mean the mode of	dying, e.g., DUE TO, OR AS	A CONSEQUENCE OF:		
heart failure, asthenia, etc. II means injury or complication which caused		Increased i	ntracranial	
ANTECEDENT CAUSES			nor acrantar	2 *****
		pressure A CONSEQUENCE OF:		3 weeks
DISEASES OR CONDITIONS, if		A CONSEQUENCE OF.		
UNDERLYING CONDITION last.	(c)			
_ 237X II				
O OTHER SIGNIFICANT CONDITIONS CO				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR				
19A. DATE OF OPERATION 198. CON	IDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE F	INDINGS CONSIDERED
WAS PER	FORMED			
WAS PERF	FORMED	Yes	Yes	
OR CONTRIBUTING CALLSE OF	FORMED 21 B, PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID		City, give exoct location)
OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	FORMED	in or obout 21C. WHERE DID		
OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	FORMED 21B, PLACE OF INJURY (e.g., home, lorm, foctory, street, oetc.)	in or obout 21C. WHERE DID	(If in Boltimore	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D.TIME (Month) (Doy) (Year) OF INJURY	21B. PLACE OF INJURY (e.g., home, lorm, foctory, street, oetc.) (Hour) 21E. INJURY OCCURRED While At Not While	in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJ	(If in Boltimore	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, oetc.) 21E. INJURY OCCURRED While At Not While At Work At Work	in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJ	(If in Boltimore	City, give exoct locotion)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D.TIME (Month) (Doy) (Year) OF INJURY (APPROX.) 22. I certify that (A) (this haspital	21B. PLACE OF INJURY (e.g., home, form, foctory, street, oetc.) (Hour) 21E. INJURY OCCURRED While At Not While At Work Not	in or obout 21C. WHERE DID ffice bldg,, INJURY OCCUR? 21F. HOW DID IN. le May 31.	(If in Boltimore URY OCCUR?	City, give exoct locotion)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D.TIME (Month) (Doy) (Year) OF INJURY (APPROX.) 22. I certify that (A) (this haspital	21B. PLACE OF INJURY (e.g., home, form, foctory, street, oetc.) (Hour) 21E. INJURY OCCURRED While At Not While At Work	in or obout 21C. WHERE DID ffice bldg,, INJURY OCCUR? 21F. HOW DID IN. le May 31.	(If in Boltimore URY OCCUR?	City, give exoct locotion)
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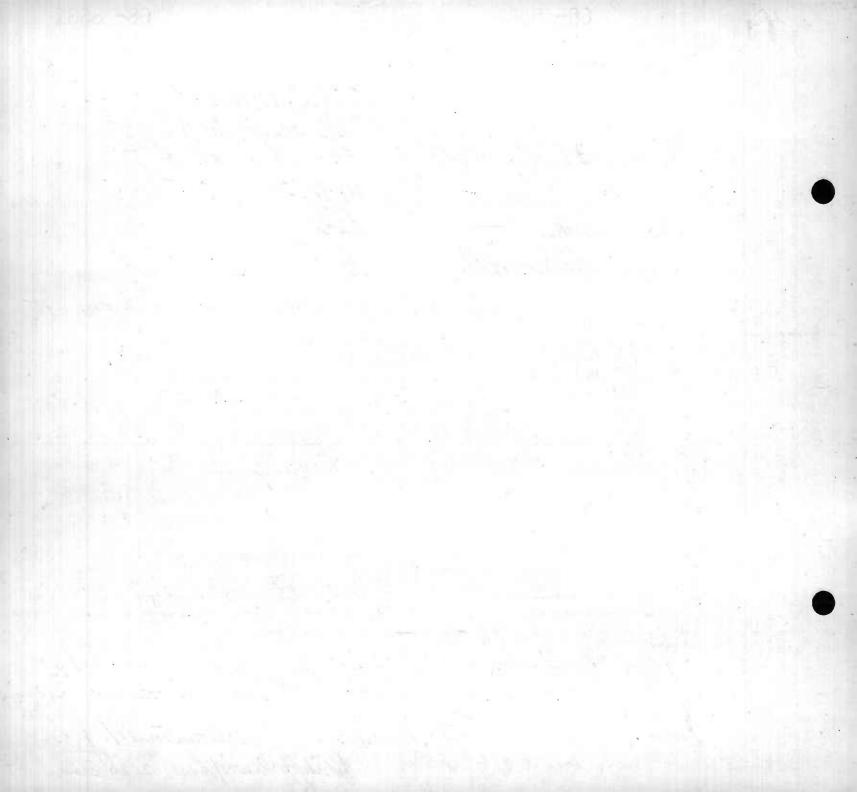
IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

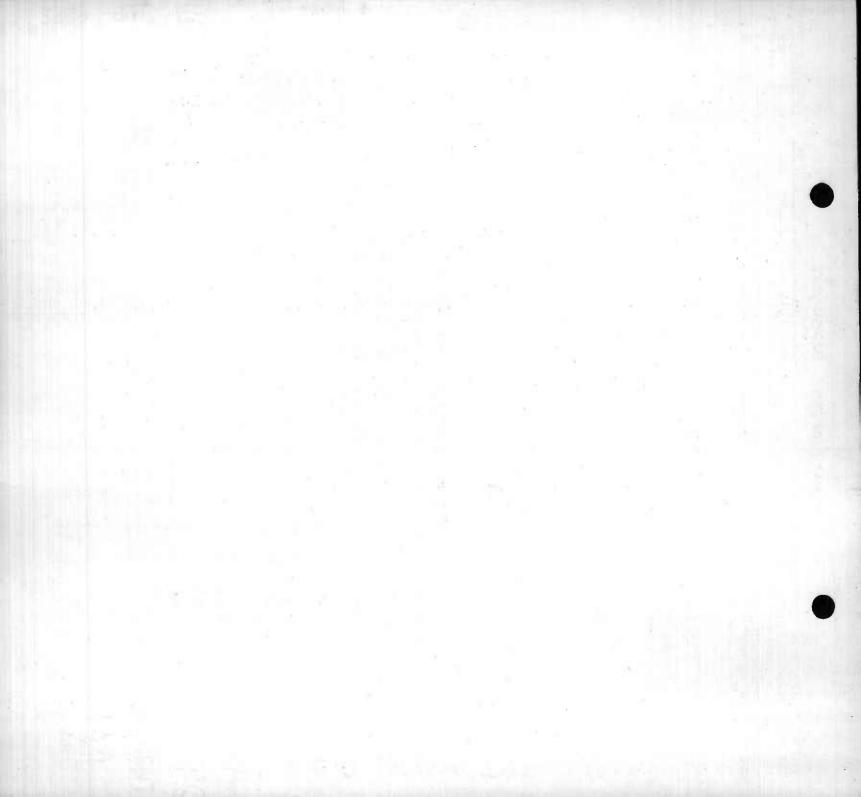
BALTIMORE CITY HEALTH DEPARTMENT

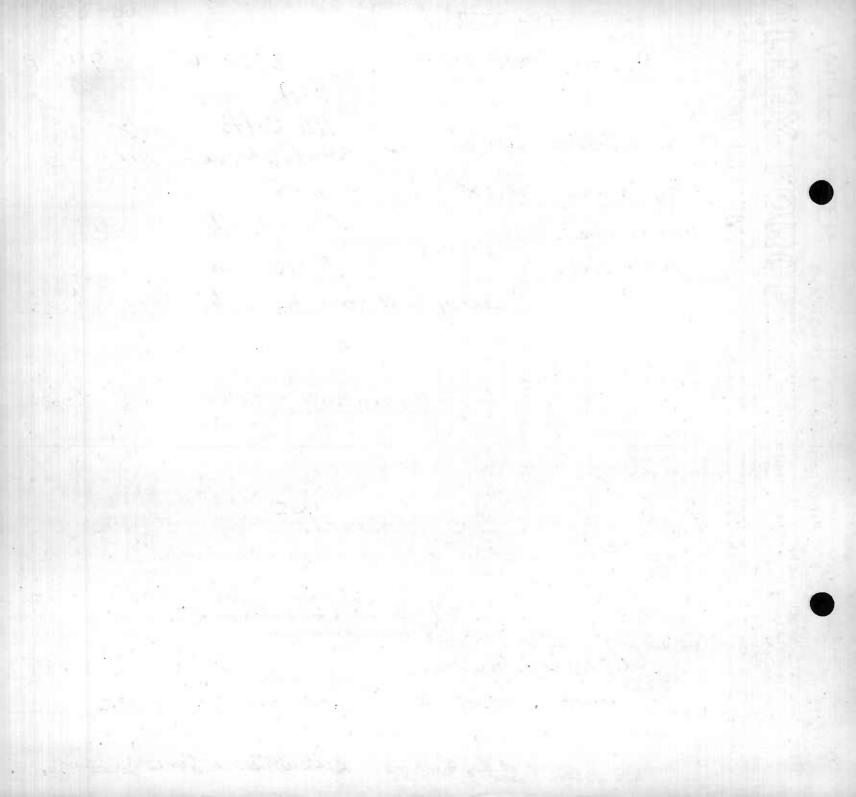


IMPORTANT

FUNERAL DIRECTOR:

RIDTI			2 0500	HEALTH DEPARTMENT	ETS 151 ET 1011	
		68	8- 8582 CERTIFICA	TE OF DEATH	REG. NO.	68-8582
	H NO.		r Edward Helkowsk		HOUR OF DEATH	10
(Туре	e or Print)	HOLYDUSK	WALTER Z.	8	119/10800	12 Tam.
3. PI	LACE IN BAL		HERE PRONOUNCED DEAD	4. USUAL RESIDENCE Where		stitution; residence before admiss
				Maryland	Balto	
HOS	L NAME OF	ADDRESS OR LOCA		C. CITY OR TOWN	4	DE CITY LIMITS?
INST	TITUTION	alle Stook	ins Hospital	Baltimore	1 1 1 1 1 1 1 1 1	YES NO
2:	145 7	STADE TOPIC	221/11/10 21205	E. STREET AND NUMBER	10	TO THE
2	JBAL-	TIMORE, M	ARYLAND 21205	124 N. Liny	wood Ave.	
5. SE	EX	6. RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	. AGE (In years	If Under 1 Yr. , If Under 24 Months! Doys Hours Min
Ma	ale	White	WIDOWED DIVORCED	12/06/93	7.4	
			108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUN
	-	working life, even if retired}	Barrel Mfg.	Poland		U.S.A.
	Cooper		narrer mrg.	14. MOTHER'S MAIDEN NAM		U.D.A.
			elkowski	Rosalie	??	
15. W (Yes,	Vos Deceased , no or unknown	Ever in U. S. Armed For (If yes, give wor or dote	es of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No			Mrs.Josephine	Helkowski	,124 N. Linwo
1	18. // 5) 4	CAUSE OF DEAT			APPROXIMATE INTERV
	DISEASES (nplication which caused ANTECEDENT CAUSES DR CONDITIONS, if e obove couse (A) G CONDITION last.	any, giving DUE TO, OR AS	SCD A CONSEQUENCE OF:		
1 1	UNDERLYIN					
-	425		(C)			
NO	H 22 OTHER SIGNII	FICANT CONDITIONS CO	NTRIBUTING			
TION	OTHER SIGNII	, l II	NTRIBUTING HE TERMINAL			
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MEDICAL CERTIFICATION	OTHER SIGNII TO THE DEA' DISEASE OR C 19A. DATE OF 21A. ACCIDE OR CONTRIBUTE OF INJURY (APPROX.) 22, 1 certify that (I) (we) and haur an 23A. SIGNATU	FICANT CONDITIONS CO TH BUT NOT RELATED TO TO ONDITION GIVEN IN PAR FOREATION 198. CON WAS PER! NT WAS UNDERLYING UTING CAUSE OF medicol exominer) (Month) (Doy) (Yeor) that (I) (this haspital ast saw the decease d fram the causes state of the cause of the causes state of the cause of the cause of the causes state of the cause of the ca	NTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e.g., interpretation) (Hour) 218. PLACE OF INJURY OCCURED While A1	21F. HOW DID INJURY OCCUR?	(If In Boltimore	Uses OF DEATH? City, give exect location) Ligury 19 (2) nian death accurred an the
WEDICAL CERTIFICATION	OTHER SIGNII TO THE DEA DISEASE OR C 19A. DATE OF OR CONTRIBUTE OF INJURY (APPROX.) 22. I certify that (I) (we) and haur an 23A. SIGNATU 23C. PHYSICIA NAME (I) BURIAL CRE REMOVAL CRE	FICANT CONDITIONS CO TH BUT NOT RELATED TO TO ONDITION GIVEN IN PAR OPERATION 198. CON WAS PER! NT WAS UNDERLYING UTING CAUSE OF medicol exominer) (Month) (Doy) (Yeor) that (I) (this haspital ast saw the decease d fram the causes state of the cause of the causes state which was a control of the cause of the cau	NTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e.g., interpretation of the control	21F. HOW DID INJURY OCCUR?	(If In Boltimore ORY OCCUR? To ta In tim (my) (aur) apir CATION (Cit	DISES OF DEATH? TO CITY, give exect location) To City, give exect location) 1968
MEDICAL CERTIFICATION	OTHER SIGNII TO THE DEA' DISEASE OR CO 19A. DATE OF OR CONTRIBI DEATH (notif) 21D. TIME OF INJURY (APPROX.) 22. 1 certify that (I) (we) and haur an 23A. SIGNATU 23C. PHYSICIA NAME (I) BURIAL CRE REMOVAL (BURIAL)	FICANT CONDITIONS CO TH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR FOPERATION 198. CON WAS PERI NT WAS UNDERLYING UTING CAUSE OF medicol exominer) (Month) (Doy) (Yeor) that (I) (this haspital past saw the decease d fram the causes state (No. 1) (1) (1) (1) (1) (1) (1) (1) ANTS Specify) 8/23/	NTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.) (Hour) 21E. INJURY OCCURRED While At Not While Work Work Not While At Work I) attended the deceased fram etc abave. (I) (We) (did) (did nat) while at the deceased fram the decease	21F. HOW DID INJURY OCCUR?	(If In Boltimore ORY OCCUR? To to in (my) (aur) apir Stoff Story (City CATION (City Cation (City Cation (City Cation)	JSES OF DEATH? City, give exect location) 1968
MEDICAL CERTIFICATION	OTHER SIGNII TO THE DEA' DISEASE OR CO 19A. DATE OF OR CONTRIBI DEATH (notif) 21D. TIME OF INJURY (APPROX.) 22. 1 certify that (I) (we) and haur an 23A. SIGNATU 23C. PHYSICIA NAME (I) BURIAL CRE REMOVAL (BURIAL)	FICANT CONDITIONS CO TH BUT NOT RELATED TO TO ONDITION GIVEN IN PAR OPERATION 198. CON WAS PER! NT WAS UNDERLYING UTING CAUSE OF medicol exominer) (Month) (Doy) (Yeor) that (I) (this haspital ast saw the decease d fram the causes state of the cause of the causes state which was a control of the cause of the cau	NTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e.g., interpretation of the control	21F. HOW DID INJURY OCCUR?	(If In Boltimore ORY OCCUR? To to in (my) (aur) apir Stoff Story (City CATION (City Cation (City Cation (City Cation)	DES OF DEATH? e City, give exect location) 19 60 nian death accurred an the 238, DATE SIGNED RECH BALLINERS 15 10 40 10 10 10 10 10 10 10 10 10 10 10 10 10





P-340

68- 8584 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE OF	DEATH REG N	68-	858
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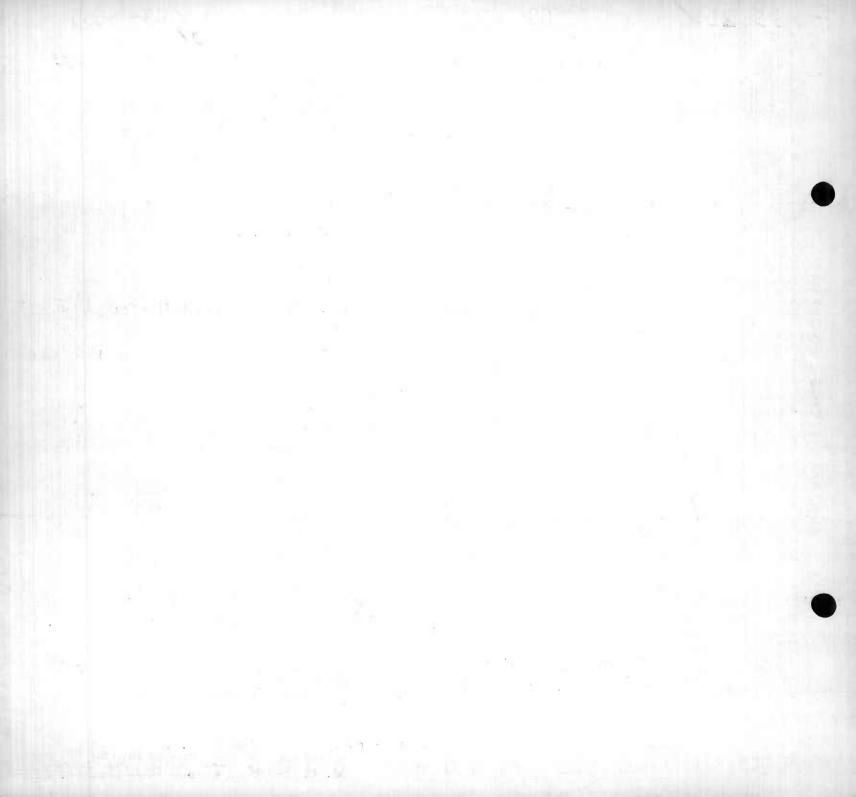
BIRTH NO.	***************************************			0	R	EG. NO.	0 0004
NAME OF DECEASED				Known 🛣	Manth	Doy	Yeor Haur
(Type ar Print) HENRY E.	PTT	ELL, JR.	OF DEATH E	Estimated	August	19,	1968 7:15 P.M
4 PLACE IN BALTIMORE, MAR	YLAND, WHERE PR	ONOUNCED DEAD	3. DATE		Manth	Day	Yeor Haur
PRIMITE IC AFRID	N HOSPITAL OF THE	UNITION GIVE TREET	PRONOUNC				1060 7.15 D
OR INSTITUTION	Dir ON IN F	NDED3/28/6	E HEHAL DECKN				1968 '7:15 P.M
3/-			A. STATE	ENCE (Where d		DUNTY	residence before damission)
Baltimore Ci	ty Hospita	1	A. STATE Maryla	and		1	01
6. SEX 7. RACE	B. MARR	IED NEVER MARRIED	C. CITY OR TOV	NN	D. II	VSID CH	CIMILS2
male whi	te WIDOW	VED DIVORCED	Balt:	imore		YES	NO D
	10. AGE (In years	ff Under 1 Yr. If Under 24 Hrs.	E. STREET AND	NUMBER		11.3	EE 140 L
June 2, 1929	last birthday)	Manths, Days, Haurs, Min.	007.0	010			
11. BiRTHPLACE (State or foreign	sountsu\	12. CITIZEN OF	13. FATHER'S N	O Donne	Stree	t	
	country)	WHAT COUNTRY?					
Maryland		U-S-A-		E. Pite			
4A.USUAL OCCUPATION (Give lone during most of working life, eve		OF BUSINESS OR INDUSTRY	15. MOTHER'S	MAIDEN NAME			
Trailer Truck	- City of	Baltimore	Fran	ces Dom	browski		
6. WAS DECEASED EVER IN U	S. ARMED FORCES	? 17. SOCIAL	18. INFORMAN	ī		ADD	DRESS
Yes 1948 -	r or dotes of service	220-20-8014	Mrs. Be	rtha Pit	ell. 291	9 010	onnell St.
195 1940	2/3~	CAUSE OF DEA			,)-		APPROXIMATE INTERVAL
4851		CAUSE OF DEA	411				BETWEEN ONSET AND DEAT
DISEASE OR CONDIT	ION DIRECTLY	Ginshot	Wound of	Chest			
LEADING TO		(A)IMMEDIATE C					
(This does not mean the n heart failure, asthenia, etc.	rade of dying, e.g., t means the diseose.	DUE TO, OR	AS A CONSEQUEN	CE OF:			
injury ar complication which	coused death.)						
DISEASES OF CONDITIO		(B) DUE TO OR	AS A CONSEQUEN	NCE OF			
DISEASES OR CONDITIO	E (A) STATING THE						
Z UNDERLYING CONDITION	N LASI.	(C)				**********	
E 976 X 1							
OTHER SIGNIFICANT CONTO THE DEATH BUT NOT PLANTS OF CONDITION CONTO THE DEATH BUT NOT PLANTS OF CONDITION CONTO THE DEATH OF CONDITION CONTO THE C							
DISEASE OR CONDITION O		,					
20A. DATE OF OPERATION	20B. CONDITION	FOR WHICH OPERATION WA	AS PERFORMED				21. AUTOPSY? (Yes ar No)
		in about					No
■ 8/19/68 ■ 22A. EXTERNAL CAUSE V		in chest	in ar about 22C 1	WHERE DID /II	in Boltimore City	nive exact	
UNDERIVING KTOP CONT	RIB-	22B. PLACE OF INJURY (e.g., hame, form, foctary, street, offic	e bldg., etc.) fNJUR	Y OCCUR?	_ L	C to a cont	-
UTING CAUSE OF DEAT		home		700 S. R		stree	L .
22D. TIME (Manth) (Do OF INJURY	y) (Year) (Hour) 22E.INJURY OCCURRED	22F.	DINI DID MOH			
(APPROX.) 8/19/68	7:15 P.	MHILE AT NOT NOT AT W	WHILE X su	bj. shot	self in	ches	t
23.		A) (1					
I certify that I he	ld an Inquiry	Inspection X Au	topsy ar	nd that an this	s basis, deat	h in my a	pinion
A CONTRACTOR OF THE PARTY OF TH		Accident Suicio			ndetermined n	- W	
resulted from: No	ioidi couses 🗀	Accident			Land .	ionner 🛅	
ACTUAVIMO_1	05	3 -		F MEDICAL EXA			DATE SIGNED
SIGNATURE 72	SIKE	M.D	ASSISTAN	NT MEDICAL EXA	AMINER A		
EXAMINER'S WE	rner U.Sp	itz, M.D.	ASSOCIAT	TE MEDICAL EXA	AMINER .		8/20/68
		·	CDEMATORY	1240 16	CATION (C14 4-	1 12 1
	B. DATE	24C. NAME of CEMETERY	OF CKEMATORT	240. 20	/	City, town,	or county) (State)
REMOVAL (Specify)				240. 20			
REMOVAL (Specify) Burial	3/23/68	Holy Rosary	Cemetery		Ba	ltimor	e, Maryland
REMOVAL (Specify) Burial 25A. DATE REC'D BY HEALTH D	3/23/68 EPT. 258. N		Cemetery 25C. FUNE	ERAL DIRECTOR	Ba.	Ltimor	e, Maryland
REMOVAL (Specify)	3/23/68 EPT. 258. N	Holy Rosary	Cemetery 25C. FUNE	ERAL DIRECTOR	Ba.	Ltimor	e, Maryland

Letter 8/26/68 from Dr. Werner U. Spitz

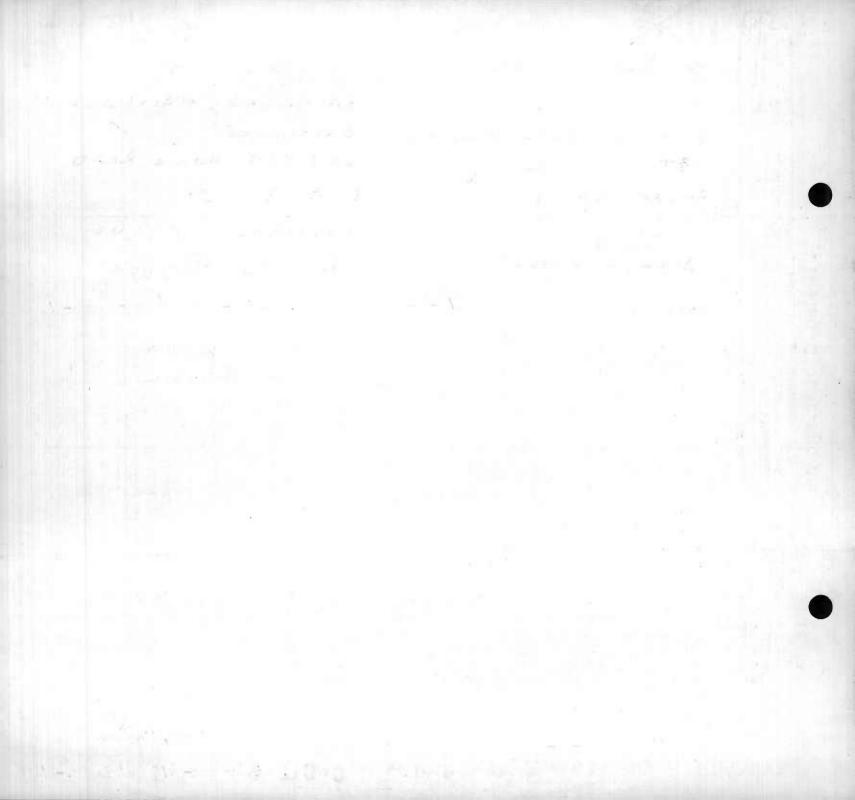
IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT



	BALTIMORE CITY	HEALTH DEPARTMENT	1	60 0500
68-	8586 CERTIFICA	TE OF DEATH	REG. NO	68-8586
	CERTITICA			
1. NAME OF DECEASED	6	2. DATE AN	ID HOUR OF DEATH	30
Mrs. EDNA M. IR	Micu	Augus	r 19.1968	18 AM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PI		4. USUAL RESIDENCE (Whe	re deceased lived. If	institution; residence before admission)
		A. STATE B. COUN	ł TY	13.4
FULL NAME OF (IF NOT IN HOSPITAL OR I ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	BAI timos		SIDE CITY LIMITS?
		8.14.	= = 1	YES NO NO
BON SECOUTS	HOSPITAI	E. STREET AND NUMBER		
71		610 700	Hom	e ROAD
9 7				
SEX 6. RACE 7. MAR	RRIED X NEVER MARRIED		9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hrs Manths, Days Hours Min.
Female Cau. WIDO	OWED DIVORCED	8-30-08	59	
DA. USUAL OCCUPATION (Give kind of work 10B, KIN	ND OF BUSINESS OR INDUSTRY		ign country)	12. CITIZEN OF WHAT COUNTRY
one during most of working life, even if retired)				
Housewile		MARYLAN	D	V.S.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
111		0	1-1	
Albert Kothe		Rogers	. Flore	ence
5. Was Deceased Ever in U. S. Armed Forces? 'es, no or unknown) (If yes, give war ar dotes af ser	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknown, or yes, give war ar doies at ser	SECURITY NO.	0 11 7	(m 0)	1 11
IN KNOWN	215-42-1320	James H. Invi	n - 60/ Ule	d Home road -21206
18.200.1	CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		m + -1 +	- 1 1	
LEADING TO DEATH		Melaslati	e lymph	Benema
(This does not mean the mode of dying,	e.g., (A) IMMEDIATE CAI	A CONSEQUENCE OF:	7/:-4	
heart failure, asthenia, etc. It means the dis	sease,	And	abol mes	
injury ar complication which caused death.)		4.0	con moi	
ANTECEDENT CAUSES	4-3			
DISEASES OR CONDITIONS, if any,	OUE TO, OR AS	A CONSEQUENCE OF:		
rise to the above cause (A) stating				
UNDERLYING CONDITION last.	(c)			
2001				
OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (AL.				
	FOR WHILE OF BUILDING	120 A	1 200 Is was 1450	
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
	ALL DAYS THE THE TOTAL STREET	no		
J 21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID	(If in Baltim	are City, give exact lacation)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, factory, street, a	iffice bldg., INJURY OCCUR?		
	610.7			
21D. TIME (Month) (Day) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY	While At Not Whi	le 🗀		
(AFFROX)	Work At Work			
22. I certify that (I) (this haspital) atten	ded the deceased fram	4/18/	1965 to	8/19/19/19/08
	0/10	19 68 and th		
that (I) (we) last saw the deceased alive	e an	-fand th	iat in(my) (aut) as	pinian death accurred an the da
and haur and from the causes stated abo	ive. (1) (We) (did) (did not)	view the bady after death.		
23A. SIGNATURE	/	The Market of		23B. DATE SIGNED
Willon Box	norakone - Att	ending Med.	Shaff	8/19/68
000-00	DEGREE Phy	ys. Director	Shaff Phys.	0/11/00
23C. PHYSICIAN'S NAME (Type)	0	23D. ADDRESS		
TANKE TTYPE	A STATE OF THE STATE OF			
	DEGREE			
4A. BURIAL CREMATION, 24B. DATE 2 REMOVAL (Specify)	24C. NAME of CEMETERY of CR	EMATORY 24D. L	OCATION	City, town, or county) (Stote)
0	C 1	RELIGIOUS TO THE	Baltimore,	1. ryland
Burial 8-22-68	Jardens of Faith	Carctan		
SA. DATE RECOUNT HEALTH DEPT. 25B. N.	AME OF REGISTRAR	1.25C. FUNERAL DIRECTOR		ADDRESS
The Man Contract	M. Barrish Line	0 9013 (8 Mich	ler Inc-641	15 Belair Rd21206
S 150-REV. 1/1/68				



					BALTIMORE CITY HEA					1	4			
		MED	ICAL	. E)	CAMINER'S	ERTIFIC	CAT	E OF	DEAT	H	68	- 8	587	
BIRTH NO.										KEG, N	10			
1. NAME OF DECEASE	ED					2. DATE	Kno	wn XX	Month	Doy	Y	ear Ho	ur	
(Type or Print) ELWOOD	S.		CAI	CKS		OF DEATH	Estl	moted	Augu	st 19	. 19	68	6:17	P.,
4. PLACE IN BALTIMO					UNCED DEAD	3. DATE			Month	Doy		eor Ho		- (M).
FULL NAME OF					ON, GIVE STREET	PRONOU	NCED	DEAD						
HOSPITAL	ADDRESS	OR LOCA	ION)	1110111					Augus				:17 F	
OR INSTITUTION						5. USUAL RE A. STATE	SIDEN	ICE (Where	deceosed li	ved. If Institu B. COUNT		ence befor	e odmissio	n)
South Ba	1timo	re Ge	nera	1 H	ospital	Maryl	and			b. COUNT		timor	e'	3,00
	ACE				NEVER MARRIED	C. CITY OR	NOT	1		D. INSIDE	CITY LIM	ITS?		
						77 1 - 4	1						רעו	
	hite		WIDOV	-		Halet					YES	NO	<u>~</u>	
9. DATE OF BIRTH		AGE (In		Mont	der 1 Yr. If Under 24 Hrs. hs, Doys, Hours, Min.	E. STREET A	ND N	UMBER						
May 25, 193		53	,			5701	_	1st Av	renue					
11. BIRTHPLACE (State of	or foreign			12. C	ITIZEN OF	13. FATHER'S	NAN	ΛE						
Maren Land	.1			W	HAI COUNTRY?	Tiene	-1- 0	Sacks						
Maryland		1 (1	40 MINI	2 05 5	BUSINESS OR INDUSTRY				A.F.					
done during most of working	on (Give ki	if retired)	40. K1N1	J OF E	SUSINESS OK INDUSTRY	13. MOTHER	5 MA	IDEN NA	VE					
Electricia				Ele	ctrical	Lou	ise	Spedd	en					
16. WAS DECEASED EN	VER IN U.S	. ARMED	FORCE	S?	17. SOCIAL	18. INFORM	ANT				ADDRES	S		
(Yes, no or unknown) (If ye	es, give wor	or dotes	of service	?)	217-03-2952	Retty	R	Sacke	5701	First	A 170	Halat	thorn	6 Md
19.				_			и.	Dacks	3/01	FILSE	Ave.		MATE INTE	
4121	- I				CAUSE OF DEAT	п							ONSET AND	
DISEASE OR	CONDITIO	ON DIREC	CTLY		Arterios	cleroti	CC	ardio	ascul.	ar Dis	ease			
	ING TO D				(A)IMMEDIATE C			araro.	about		-			
(This does not me	eon the mo	de of dy	lng, e.g.,		DUE TO, OR A	S A CONSEQU	JENCE	OF:						
heort foilure, ostho	enio, etc. It	meons the	diseose,											
injury or complico	TON WINCH		,											
ANTEC	EDENT CA	USES			(B)									
DISEASES OR CO	ONDITION	S, IF ANY	, GIVING	;	(B) DUE TO, OR A	AS A CONSEC	UENC	E OF:				1		
RISE TO THE ABOUNDERLYING C			ING THE											
Z	.011011101				(C)									
OTHER SIGNIFICA TO THE DEATH B DISEASE OR CON 20A. DATE OF OPE	11		41.0											
OTHER SIGNIFICA	NT COND	TIONS CO	ONTRIBU	TING										
DISEASE OR CON					100000-0									
20A. DATE OF OPE	RATION	20B. CON	IDITION	FOR	WHICH OPERATION WA	S PERFORM	ED				21.	AUTOPSY	Yes or I	No)
5	180													
1/1												Yes	3	
UNDERLYING				22B. P	LACE OF INJURY (e.g., , form, foctory, street, office	in or obout 22	IJURY	OCCUR?	(If in Boltimo	re City, give	exoct loco	tion)		
UTING CAUSE					, , , , , , ,									
≥ 22D. TIME (Mont) (Hou	r) 22	E.INJURY OCCURRED	22	F. HC	W DID IN	JURY OCC	UR?		-		
OF INJURY (APPROX.)				W	HILE AT NOT	WHILE								
				m. W	ORK AT W	ORK L								
23.				_		▽ ¬								
I certify t	hot I held	on I	nquiry		InspectionAut	opsy A	and	that on th	nis bosis,	deoth in	my opini	on		
resulted f	om: Nat	ural cou	ses 🔣	A	ccident Suicid	e Ho	micid	e 🗌	Undetermi	ned monn	er 🗌			
	_		-				HIEF	MEDICAL E	XAMINER					
ACTUAL //	110	10	1		72			MEDICAL E		V		DAT	E SIGNE	D
SIGNATUREL	10/	W	アレン	1	M,D					LAN		011	0/60	
EXAMINER'S	We	rner	U. S	pit	z M.D.	ASSO	CIATE	MEDICAL E	XAMINER			8/4	20/68	
NAME (Type)				-										
24A. BURIAL CREMATIC	ON, 24B	DATE		24	C. NAME of CEMETERY	or CREMATO	RY	24D.	LOCATION	(City,	town, or c	ounty)	(Stote)	
REMOVAL (Specify)		8-23	-68		Glen Haven C	amatarr		D.	tchio	Hiwy.	Clar	Rurr	ie A	A M
Burial				10.00						IIIwy .			ite n	TICO PIC
25A. DATE REC'D BY H	EALTH DE	PT.	25B. N	AAME	OF REGISTRAR	25C. F	UNER	AL DIRECTO	OR .		ADDRE	55		

25A. DATE REC'D BY HEALTH DEPT.

25B. NAME OF REGISTRAR

Howard H. Hubbard, 4107 Wilkens Ave. 21229

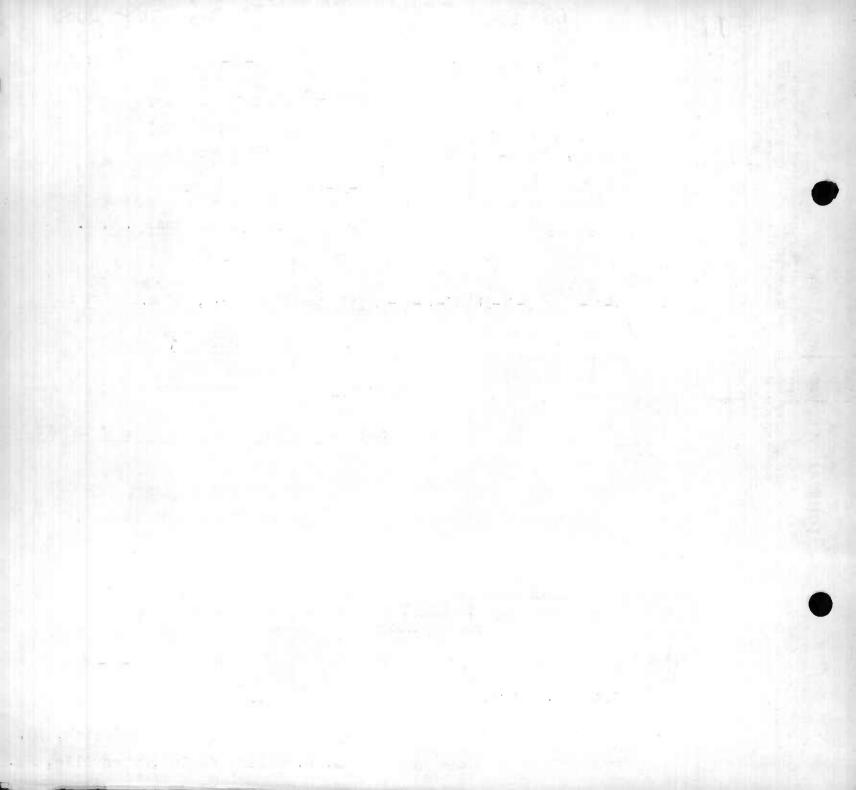
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re	OC	0	Jr 1	VO	
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased 🦯	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.	
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dy	.:	0.0	Se	5	
P	X	S	ed	tte	
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DID	IH NO	68-	- 85	588	CERTIFI					REG. NO	68	- 858	38
1. N	NAME OF DECEASED 2, DATE AND HOUR OF DEATH												
Тур	NUSBAUM, David Ezra								g	-18-68		1 1:45	PA
3. F	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					4.	USUA	L RESIDEN	NCE (Who	ere deceased lived, It is	stitution:	residence before	ore odmission)
НΟ	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET STITUTION Veterans Administration Hoppital						Maryland Carroll Co				- 5	6-00	
114.2										YES	-	X	
- /	3 3900 Loch Raven Boulevard					E	E. STREET AND NUMBER				1		
	Baltimore, Maryland 21218					5	Springfield State Hospital						
s. s	EX ALE	CAUCASION	7- MARR	=	NEVER MARRIED		7-30-	F BIRTH		9. AGE (In years lost birthdoy)	If Und Months	er 1 Yr. If Doys Hou	Under 24 Hrs.
	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY during most of working life, even if relired)					USTRY 11.	11. BIRTHPLACE (Stote or foreign country) 12. C			12. CI	TIZEN OF WH	AT COUNTRY	
		ce Mechanic				I	Frederick County, Maryland U.			i U.	S. A.		
	FATHER'S NA							IER'S MA					
	avid Nusbaum						Della Blum (Bloom)						
		(If yes, give wor or dote		ce)	SECURITY NO.	17.	INFOR	VIMAM	A Ho	spital Reco	rds	ADDRESS	
YI	ES	11-18-50 TO	5-24-	-51	216-09-48	3-29 3	3900	Loch	Rave	n Blvd, Bali	50.,	Md 2121	8
	18. / 6 DISEAS												ATE INTERVAL SET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease,					TE CAUSE OR AS A C	RESPIRATORY ARREST A CONSEQUENCE OF:				10 M	INUTES	
		injury or complication which caused death.)											
. 1	ANTECEDENT CAUSES PNEU						MONIA			2 WI	EEKS		
		- in the state of						A CONSEQUENCE OF:					
	rise to the above couse (A) stating the UNDERLYING CONDITION lost.						INOMA OF LUNG				6 NG	NTHS	
ATION	163 X II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).												
ERTIFIC	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED						NO 20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF				S CONSIDER DEATH?	ED	
CALC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)				(e.g., in o	obout : bldg., i	21 C. WHE	RE DID CCUR?	(II in Boltimo	e City, g	ive exoct locot	ion)	
0	21D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)			21 E. INJURY OCCURRED While At Not While Work At Work						JURY OCCUR?			
2													
	22. I certify that (N) (this haspital) attended the deceased from 24 MAY 19 68 to 18 AUGUST										T	19 68	
		last saw the decease						68		hat in (Жу) (aur) api			
						CXX ·					uii de	um uccorre	a dil tile da
	23A_SIGNATU	fram the causes stat	ea apave	e. (+)- (me) (aid) (eral-1	noty-vier	w the b	ady atte	r death.		23 R D A	ATE SIGNED	
						Attendi							
	Jeiler 2. Children WW) OEGREE Phy						s. Director Phys. 2					18-68	
	NAME (T	PETER E.	RUBII	N, M	D	0EGREE	ADDR	27		och Raven Bo Md 21218	ıleva	rd	
24A	BURIAL CRE	MATION, 24B. DATE	240	C. NAN	E of CEMETERY		ATORY				ity, town,	or county)	(Stote)
	Burial	8/21/1	968 1	Lin	ganore (Cemet	ery	7	Uni	onville	Fre	derick	Md.
25A	. DATE REC'D	4UG^12°1968	O C	ME OF	To the land	HA O	2 SC. F	M. ONERAL	Walu	z,Box 241	, Syk	esvill	Le, Md
	150-REV. 1/1/	6.0											

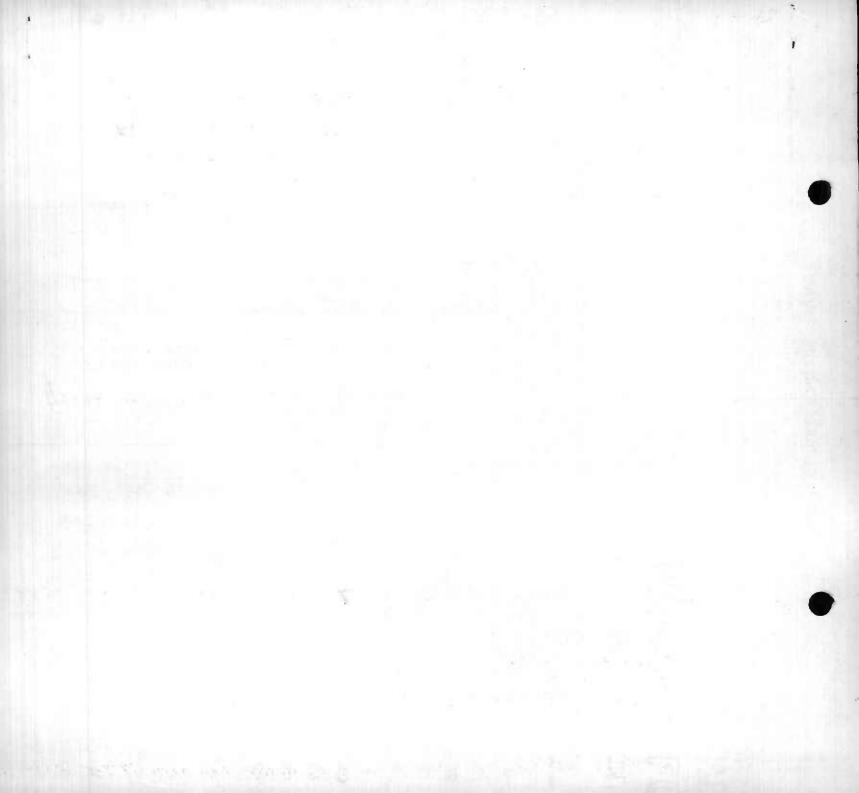


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BALTIMORE CITY HEALTH DEPARTMENT



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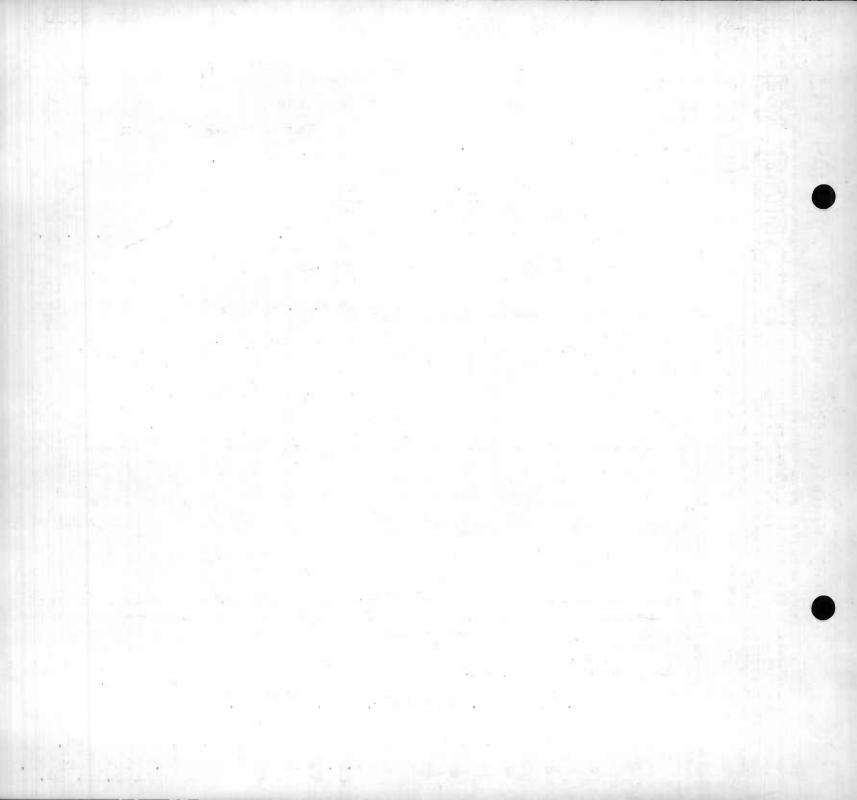
attendance

a hospital and

			BALTIMORE CITY	HEALTH DEPARTMENT		68- 8590
		68- 8	3590 CERTIFICA	TE OF DEATH	REG. NO.	00 0000
BIRTH			CERTITICA			
	or Print)				AND HOUR OF DEATH	
Tiphe	N	lary]	sabelle Smit	h Augus	t 19, 1968	1:30 P.
3. PL/	ACE IN BALTIMORE, MARY			4. USUAL RESIDENCE (WI	here deceased lived, If inst	itution; residence before admissio
HOSP	ITAL OR ADDRESS	OR LOCATION)	ISTITUTION, GIVE STREET	Maryland C. CITY OR TOWN	D INICID	E CITY LIMITS?
IN STI	TUTION			Baltimore	07 07 0	
Λ.	-+ 200 Bm	0 d 1		E. STREET AND NUMBER	21210	YES X NO
A	pt. 209, Bro	SEGATEM H	rpus.	Broadview	Anta	1 1
0				DIGGGATAM	Apus.	2-01
. SEX	6- RACE	7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr. If Under 24 Hrs Months: Doys Haurs Min.
	F W			2/18/1879	last birthdoy)	Months Doys Hours Min.
,			D OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTE
	uring most of working life, even		D OI POSINESS OF HADOSIKI	TI. DIKITITEM CE (STOTE OF TO	neigh country/	12, CHIZEN OF WHAT COUNTY
H	Homemaker Own Home			Md.		U. S. A.
	THER'S NAME	- 1112		14. MOTHER'S MAIDEN N	AME	
		Market T				
		T XXXX	Inknown	Unknown		
	s Deceased Ever in U. S.		1 6. SOCIAL	17. INFORMANT		ADDRESS 21212
	o or unknown) (If yes, give v	vor ar dotes at serv	SECURITY NO.	TT	4 LT. 27 00 C	
N	0			Howard M. Sm	utn,5100 Sp	ringlake Way
18	45391		CAUSE OF DEAT	Н ,		APPROXIMATE INTERVAL
8	DISEASE OR CONDI	TION DIRECTLY	1014	hen ple		
	LEADING TO	DEATH	(A) IMMEDIATE CAL	icc.	8	1 wx
	this does not mean the		e.g., DUE TO, OR AS	A CONSEQUENCE OF:		
	eart failure, asthenia, etc. njury ar camplication whic		iase,	^	0 11	
"			Cenol-	al vaso.	Carthain.	0 3111
	ANTECEDENT	CAUSES	(B)	and the second		con / will,
	ISEASES OR CONDITIO			A CONSEQUENCE OF:	A .	
	se to the above car		the So-	-1 - 0 - 1	10.010	1. 101-
U	INDERLYING CONDITION	last.	(c)	renzeo	an tenor	to T
	332X II					7
00	THER SIGNIFICANT CONDIT					
E I	O THE DEATH BUT NOT RELISEASE OR CONDITION GIV		NAL			
	A. DATE OF OPERATION	19B. CONDITION	OR WHICH OPERATION	20A. AUTOPSY? (Yes or		NDINGS CONSIDERED
	5	WAS PERFORMED		140	IN CERTIFYING CAU	SES OF DEATH?
H 21	A. ACCIDENT WAS LINDS	PLYING	218. PLACE OF INJURY (e.g.,	n or about 21C. WHERE DID	/tf in Rollimore	City, give exoct locallan)
_ 0	A. ACCIDENT WAS UNDER CONTRIBUTING CAUS	E OF	home, form, foctory, street, o	fice bldg., INJURY OCCUR?	III III BOIIIMOTE	City, give exect locolidity
CAL	EATH (natify medical exami	n er)	etc.)			
0 21	D. TIME (Month) (Doy	y) (Yeor) (Hour)	21E. INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
	FINJURY		Wall At - No.			

At Work (APPROX.) Work 22. I certify that (1) (this hespital) attended the deceased fram and that in (my) (and opinion death accurred an the date that (1) (we) last saw the deceased alive and haur and from the causes stated abave. (1) (we) (did) (dispersion the bady after death. 23A. SIGNATURE 23B, DATE SIGNED Attending Phys. Med. Director Staff Phys. 23C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS Norman R. Freeman, Jr St. 24A. BURIAL CREMATION, REMOVAL (Specily) 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) Baltimore

25C. FUNERAL DIRECTOR
H.W. Jenkins & Sons (8/22/68 Loudon Park Md.
ADDRESS
York
12. Md Burial 25A. DATE REC'D BY NAME OF Rd Co VS 150-REV. 1/1/6B



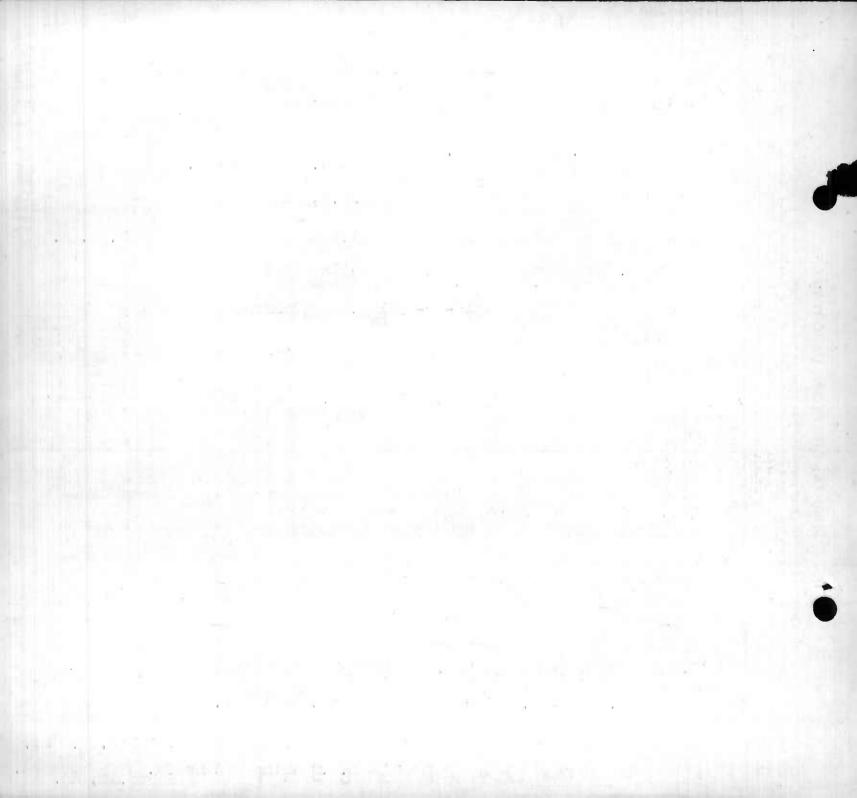
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0	0006	BALTIMORE	CITY	HEALTH	DEPARTMEN	4 T
8-	8593	CEDILL	CA	TE O	FDEAT	

EG. NO.	08-	8591

BIRTH NO.	CERTIFICA	TE OF DEATH	WES. 110.
1. NAME OF DECEASED		2. DATE AND H	OUR OF DEATH
	y Thompson Sim	mons Augu	st 20, 1968 / 1:10 p. M
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	A. STATE B. COUNTY	coosed lived, if institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	Maryland c. CITY OR TOWN	DANSIDE CITY LIMITS?
00 6 W. Melro	se Ave.	Baltimore E. STREET AND NUMBER	YES NO NO
		6 W. Melrose	Ave.
S. SEX 6. RACE 7. MJ	ARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AG	GE (In years of Under 1 Yr., If Under 24 Hrs. Months; Doys Hours Min.
	OWED DIVORCED	Aug. 5, 1909	59
OA. USUAL OCCUPATION (Give kind of work 10 B, K Jone during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign co	12. CITIZEN OF WHAT COUNTRY
	wn Home	Alabama	U. S. A.
3. FATHER'S NAME	110000	14. MOTHER'S MAIDEN NAME	
James C. Thompson		Mable Beasley	
S. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown! (If yes, give wor or dates of s		17. INFORMANT	ADDRESS
No	216-46-2321 CAUSE OF DEAT	A. Ray Simmons	(Same)
rise to the abave cause (A) stating UNDERLYING CONDITION last.	(C)		
O THER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TER			
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM!	FOR WHICH OPERATION		B. IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?
U 21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	in or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore City, give exact location)
21D.TIME (Month) (Doy) (Year) (Hou	21 E. INJURY OCCURRED	21F. HOW DID INJURY	O C C U R?
(APPROX.)	While At Work At Work		
22. 1 certify that (1) (this haspital) atte	ended the deceased from IZ	lex. 1 1 196	A to 8/20/ 1968
that (1) (we) last saw the deceased all	ve an aug: 20	19 68 and that Ir	(my) (aur) apinian death accurred an the dat
and have and from the causes stated at	pave. (1) (We) (did) (did nat)	view the bady after death.	DATE CICHED
23A. SIGNATURE	Atte	ending Med. Staff	23 B. DATE SIGNED
B. C.	DEGREE Phy	ending Med. Shaff s. Director Phys 23D. ADDRESS	8-22-68
Dr. Warde B.	Allan	6 E. Eager S	21202
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCA	
Burial 8/22/68	Druid Ridge	Pike	sville, Balto.Co., Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. P	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
AUG 22 1968 (1)	D. 4 95 In a. Day	How genting &	Sons Co. 4905 York Rd.

VS 150-REV. 1/1/6B



VS 151-REV. 1/1/68

K-155

BIRTH NO.	WEL	DICAL	EXAMINER'S	CERTIFI	CATE OF	DEATH	REG. NO	68-	8592	
NAME OF DEC		TH KAI	JFFMAN (Kaulman)	2. DATE OF	Knawn Estimated	Month	Doy	Year	Hour	
	TIMORE, MARYLAND,		1	3. DATE	Estimated [Month	Doy	Yeor	Hour	М.
FULL NAME OF HOSPITAL DR INSTITUTION		AL OR INST	ITUTION, GIVE STREET	PRONO	UNCED DEAD	August	21, 1	.968	6:35	P _{•M} .
				A. STATE			COUNTY	in: residence b	etare admis	ion)
	6941 Mc Clea				Maryland			Balti	more	
S. SEX	7. RACE		ED NEVER MARRIED	C. CITY OF	TOWN	D	. INSIDE C	ITY LIMITS?		
Female	White	WIDOW			Baltimore		1	ES 🗌 I	NO 🗌	LLI
7-22-88	H 10. AGE (last birthd		If Under 1 Yr, If Under 24 Hrs. Months, Doys Hours Min.	E. STREET	1044 Beve	rlv Road	1	2	7-4	18
	itate or fareign country) Ltimone, Md		2. CITIZEN OF WHAT COUNTRY?	13. FATHER						<u>u</u>
		14B. KIND	OF BUSINESS OR INDUSTRY		0					
11 .	vorking life, even if retired)	Hom			Sli-abouth	S = 1				
6 WAS DECEASE	ED EVER IN U.S. ARME			18. INFOR	Elizabeth.	3 Criwaricz		DDRESS		_
	(If yes, give war or dates				Frances Mc	Carmach			DJ 2-1	ale a
19. []	4 11		CAUSE OF DEA		nuices inc	Conditacie	1077 /		PROXIMATE IN	
7/0	3,91							BETW	EEN ONSET AN	
	E OR CONDITION DIRE LEADING TO DEATH	CTLY	Arter	iosciei	otic card	10vascu	lar di	sease		
	ot meon the made of d	vina. e.a	(A) IMMEDIATE C	AS A CONSEC	UENCE OF					
heart failure,	, asthenia, etc. It means th application which coused de	e disease,	DUE TO, OK A	AS A CONSEG	DENCE OF:					
DISEASES O	NTECEDENT CAUSES DR CONDITIONS, IF AN E ABOVE CAUSE (A) STA NG CONDITION LAST.	Y, GIVING ATING THE	(B) DUE TO, OR	AS A CONSE	QUENCE OF:					
OTHER SIGN TO THE DEA	II IFICANT CONDITIONS CATH BUT NOT RELATED TO CONDITION GIVEN IN F	THE TERMI		· · · · · · · · · · · · · · · · · · ·	et et V + V + V + V + V + V + V + V + V + V		on on so do man block at strict between		no o o o o o o o o o o o o o o o o o o	
20A. DATE OF	OPERATION 208. CO	NDITION	OR WHICH OPERATION W	AS PERFORM	MED			21. AUTO	PSY? (Yes o	r Na)
OO								N	0	
UNDERLYING	NAL CAUSE WAS		22B. PLACE OF INJURY(e.g., nome, form, foctory, street, office			(If in Baltimare	City, give ex			
UTING CA	USE OF DEATH. (Month) (Day) (Yea	ir) (Hour	22E.INJURY OCCURRED		22F. HOWDID IN	JURY OCCUR				
OF INJURY (APPROX.)			WHILE AT NOT	WHILE ORK						
23.	ify that I held on	Inquiry [Inspection 🖾 Au	topsy 🗍	ond that on t	his basis, de	oth in my	oninion		
	ted from: Notyrol co		Accident Suicid			Undetermine				
resum	A A	1262 5	Accident 1 301cld		CHIEF MEDICAL I					
ACTUAL	JRE Charle	J.	Is get M.D		STANT MEDICAL		3		DATE SIGN	IED
EXAMINI NAME (T	ER'S Charle	s S. S	Springate, M.D.	ASSO	OCIATE MEDICAL I	EXAMINER _	Au	gust 22	2, 196	8
24A. BURIAL CREA	MATION, 24B. DATE		24C. NAME of CEMETERY	or CREMATO	DRY 24D.	LOCATION	(City, tow	n, ar county)	(Stat	e)
Burial	8=24-1	968	Loudon Park Co	emeteru	B	altinbre	Md			
25A DATE REC'D	AUG 22 1968	25B. N	AME OF REGISTRAR		mas & Keru	us Inc. 1		ADDRESS	+	

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4-620

68- 8593 BALTIMORE CITY HEALTH DEPARTMENT

		,			A AIN IEDIC			DEAT		68-	9500	
BIF	RTH NO.	~	NEDICA	LEXA	MINER'S	LEKTIFI	CATE OF	DEAT	REG. NO.	00	0000	_
1.	NAME OF DEC	JOHN R. H	ADDTC			2. DATE OF DEATH	Knawn 🖈	Manth 8	Day	Year	Haur 10 00 - 1	=
4.	PLACE IN BAL	IMORE, MARYLAI		RONOUN	CED DEAD	3. DATE		Manth	Day	68 Yeor	12:29a M	-
HO	L NAME OF SPITAL INSTITUTION	(IF NOT IN H	OSPITAL OR INS		GIVE STREET		RESIDENCE (Where	Augus deceased liv		1968		<u>4.</u>
0	Poor	llow of t	ho 100 1		S. Eden St.	A. STATE	Mary		B. COUNTY			
6.	SEX	7. RACE			EVER MARRIED	C. CITY O		Tanu	D. INSIDE	ITY LIMITS?		-
	Male	Colored	WIDO	WED 🗌	DIVORCED D	Ва	lto.		Y	ES	No.P	
9. 1	DATE OF BIRTH		GE (In years irthday) 34	If Under Months	1 Yr. If Under 24 Hrs. Days , Hours , Min.		AND NUMBER 4 S. Eden	St.				,
11.	BIRTHPLACE (S	tate or foreign cour		12. CITIZ		13. FATHER		1 0	0 0	,		-
144	OPRIN	g Hope	N.C.	1	US A	10	hN 1	44	RR	15		
		orking life, even if re		D OF BUS	NESS OR INDUSTRY	15. MOIHI	R'S MAIDEN NAN	ΛE				
16.	WAS DECEASI	RER ED EVER IN U.S. A	RMED FORCE	S? 17.	SOCIAL	18. INFOR	MANT		A	DDRESS		-
		(If yes, give war or			SECURITY NO.	10	LAQ U	Mef		202	PARK AL	1
	19. 厂 9	1. BGX			CAUSE OF DEA	тн	- INK			A	PPROXIMATE INTERVAL	Н
	DISEASI	OR CONDITION	DIRECTLY							02.1	TEN ONSET AND BEAT	
		EADING TO DEA			(A)IMMEDIATE C	AUSE	Craniocer	ebra1	injurie	s		
	heart failure,	ot mean the mode osthenio, etc. It me plicotian which cous	ons the disease,		DUE TO, OR	AS A CONSEC	QUENCE OF:					
	injury di con	pircondi willen coos	ed dediii.)									
		R CONDITIONS,			(B)	AS A CONSE	QUENCE OF:				*****	
	RISE TO THE	ABOVE CAUSE (A	STATING THE									
O					(C)		the to the the felt of the training by the training assume as a surface as a surface as the surf					
CERTIFICATION		X IFICANT CONDITIO TH BUT NOT RELAT										
TIFI	DISEASE OR	CONDITION GIVEN	IN PART 1 (A).								
CER	20A. DATE OF	OPERATION 208	CONDITION	FOR WHI	CH OPERATION W	AS PERFOR	MED			21. AUT	OPSY? (Yes or No)	
	22A. EXTERI	NAL CAUSE WAS	-	22B. Pl AC	CE OF INJURY(e.g.,	in ar about	22.C. WHERE DID (If in Baltima	e City give ex	act location)	Yes	-
EDICAL	UNDERLYING	OR CONTRIB-		home, for	m, foctory, street, affic	e bldg., etc.)	NJURY OCCUR?				an Ct	á
ME	22D. TIME (JSE OF DEATH. Manth) (Day)	(Yeor) (Hai	r) 22E.\$1	Street NJURY OCCURRED		Alley betw 22F. HOWDID INJ	INEX OCCI	B't off	of Dr	en St.	-
	(APPROX.)	21	68 12	1 SWHILE	AT NOT	WHILE CX	Subject b				all St.	
	23.	fy that I held a				tapsy XX	and shass an sh	ia basia	da-sh t	no ludem		
		ed fram.\ Natura			Spectian Au				ned manner			
	reson		Codses	10 37	Joicio	е <u>п</u>	CHIEF MEDICAL E		ned manner			
	ACTUAL	SINKE	ndt	Wil	3_ "	ASS	ISTANT MEDICAL E		X		DATE SIGNED	
	SIGNATU EXAMINI				M.D		OCIATE MEDICAL E	XAMINER				
2.4	NAME (T		rd F. Wi	lson,	M.D.	- CDEMAT	Ony loss	LOCATION	A	ugust	21, 1968	_
	A. BURIAL CREA MOVAL (Specif		- 20	a h	AME of CEMETERY	OF CREMAT	240	A	All tow	n for county	(State)	/
0.5	Duri	20 8	216	24/16	N. Call	uary	le	der	HIL	6	The	
25	A. DATE REC'D	BY HEALTH DEPT.	A .	-	REGISTRAR	Bc.	FUNERAL DIRECTO	1 h		ADDRESS	2. 1	
	AU	G 22 1968	UL FEL	4 40		ald	Kroop =	Z. Ke	use o	122	XW.74	L

. C. S. Const. H. H. Stanffe. BALTIMORE CITY HEALTH DEPARTMENT

HATTIST JATTIST J BUTCH MIGURE (20) and Burdjut 408 73 400171241 4.11 The Three Trade The Alexander Tenhalis Demonder Salamonton allegation that There agent of agent of Commen 2 Veryon A 2 and the second second CONSTRUCT TO VERSIONAL POR SEASON PROPERTY AND PROPERTY OF THE Same of Supre 25 th of the section that they will be homored the

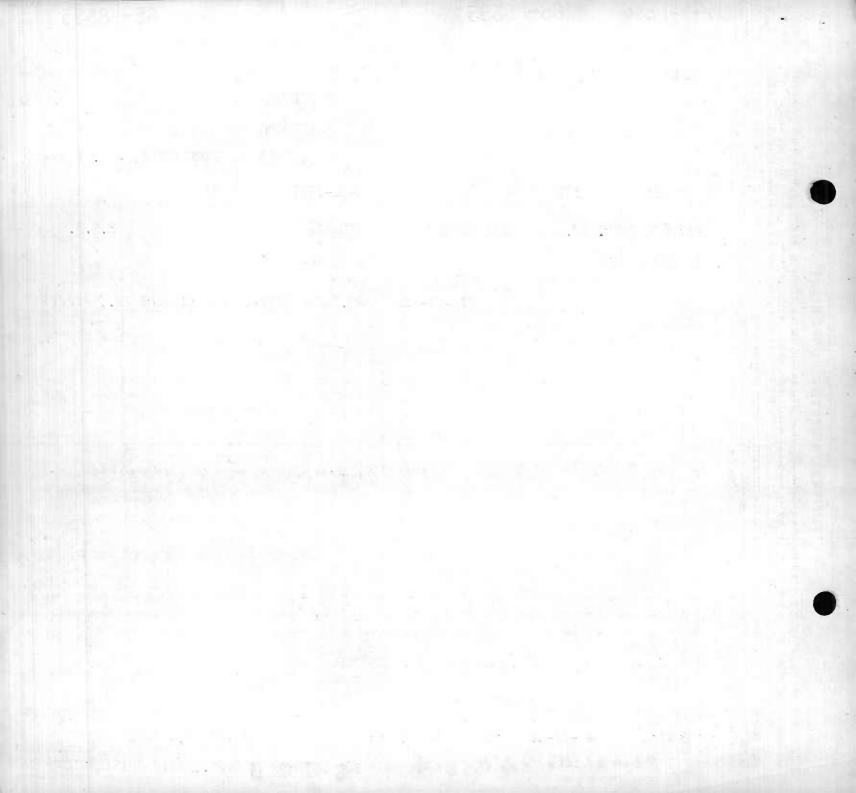
VS 150-REV. 1/1/68

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and

4	-165	85 85	35	HEALTH DEPARTMENT	REG. NO.	68- 8595
BIRTH N			CERTIFICA	TE OF DEATH	XI	
Type or	E OF DECEASED				D HOUR OF DEATH	25
Type of	Louis	ABR	AMS		uaust 1	
B. PLAC	CE IN BALTIMORE, MARYLANI	D, WHERE PROP	HOUNCED DEAD	A. STATE 8. COUN	o deceased lived. If ins	stitution; residence before admissio
HOSPIT NSTITL	AL OR ADDRESS OR I	OSPITAL OR INS	TITUTION, GIVE STREET	MARY LAND C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
F	RIEPLERS a	uest	House	BALTIMORE E. STREET AND NUMBER		YES NO
91)			6954 MILBRO	OOK PARK DRI	VE. APT. T 3
SEX	6. RACE	7. MARRIE	D NEVER MARRIED	8. DATE OF SIRTH	AGE (In years	If Under 1 Yr., If Under 24 Hr
	MALE WHITE		# =	8-22-1891	ost birthdoy) 76	Months Doys Hours Min.
				11. BIRTHPLACE (State or foreign		12. CITIZEN OF WHAT COUNT
	ring most of working life, even if reti IDSON CHEM. CO.		L WORKER	RUSSIA		u.s.A.
	HER'S NAME			14. MOTHER'S MAIDEN NAM	A.E.	
IS	AAC ABRAMS			GERTRUDE	?	
	Deceased Ever in U. S. Armer or unknown) (If yes, give wor or		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
N	0		215-07-7855	MRS. REVA GUTIN	, 6906 BLANC	CHE RD., #21215
DIS rise	all foiluse, asthenio, etc. It mury or camplication which ca ANTECEDENT CAL SEASES OR CONDITIONS, to the above cause NDERLYING CONDITION losi	used deoth.) USES if any, givi (A) stoting 1	(B) A S	A CONSEQUENCE OF:		1.0 YRS
OI DIS		TO THE TERMINA PART 1 (A). CONDITION FO	G U uluty R WHICH OPERATION	milletus, che 20A. AUTOPSY? (Yes or No.		PINDINGS CONSIDERED USES OF DEATH?
19 A 21 A	WAS	PERFORMED		No	IN CERTIFIING CAL	Jaca or BEATH!
OR	A. ACCIDENT WAS UNDERLYII CONTRIBUTING CAUSE OF ATH (notify medical examiner)	-	21B. PLACE OF INJURY (e.g., inome, form, factory, street, orestc.)	n or obout 21 C. WHERE DID ffice bidg., INJURY OCCUR?	(If In Baltimore	e City, give exact location)
S OF	OFTIME (Month) (Doy) (*PROX.)		While At Not While Work At Work	21F. HOW DID INJ	JRY OCCUR?	
tha	I certify that (*) (this has at (!) (we) lost sow the dec d hour and from the couses a. SIGNATURE	pital) attende eosed alive o	d the deceased from A	19 6 mond the	9 6 & to Cour) opin	19 6 \mathcal{E} 19 6 \mathcal{E} 19 6 \mathcal{E} 23 B. DATE SIGNED 8 19 6 \mathcal{E}
	D. PHYSICIAN'S NAME (Type) LEON JRIAL CREMATION, 1248. DAT	SHE 1240	DEGREE	6715 PARH	HEIGHT	

BALTIMORE, MARYLAND 8 HEBREW YO BURIAL 8 -21-68 YOUNG MEN DEPT. 25A. DATE REC'D BY, HEALTH ADDRESS REISTERSTOWN ROAD BROS., 6010



IMPORTANT

DIRECTOR:

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VS 150-REV. 1/1/65

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FUNERAL DIRECTOR: IMPORTANT

LINAME OF DECEASED Type or Phini) EUGENIA F BECKER S. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD A. STATE S. COUNTY MRYLAND C.CITY ORTOWN D. INSIDE CITY LINES No						
12006	0 68	- 8597	CERTIFIC	ATE OF DEAT	H REG. NO.	9007
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				2. 57	0 1	5 5 6
3. PLACE IN BAL				4. USUAL RESIDENCE	(Where de eosed lived.	Il institution: residence before etmissic
	THE JOHNS HOPKINS HOSPITAL ADDRESS OR LOCATION THE JOHNS HOPKINS HOSPITAL ADDRESS OR LOCATION THE JOHNS HOPKINS HOSPITAL ADDRESS OR LOCATION A		A. STATE B.	COUNTY		
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- SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 H
FEMALE	WHITE.			4-30-12		Months Days Hours Min.
		K 108. KIND OF BU	JSINESS OR INDUST	RY 11. BIRTHPLACE (Stote of		12. CITIZEN OF WHAT COUNT
		1= 1121	-			
	SAMUER FRENDORF Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dotes of service) NO 16. SOCIAL SECURITY NO. 220-54-6121					u.s.A.
S. PAIHER'S NA	UAL OCCUPATION (Give kind of work logs. KIND OF BUSINESS Or ing most of working life, even if retired) HOUSEWIFE AT HOME AMUER FRENDORF Deceased Ever in U. S. Armed Forces? or unknown) (If yes, give wor or dotes of service) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ort foilure, asthenio, etc. II means the disease, ury or complication which coused death.) ANTECEDENT CAUSES (B)			14. MOTHER'S MAIDER	1 MAME	
SAMUE	FRENDARF			ETTA A	ARNSTEIN	
5. Wos Deceosed	Ever in U. S. Armed Fo	orces?				ADDRESS
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DISEASES (OR CONDITIONS, if e obove couse (A)	ony, giving	(B)	AS A CONSEQUENCE OF	enloh	127
TO THE DEAT	TH BUT NOT RELATED TO	THE TERMINAL	Hearb	Disease ?	éliologe	4
19A. DATE OF	OPERATION 198. COI	NDITION FOR WH	ICH OPERATION	20 A. AUTOPTY? (Yes	or No. 20B. IF YES OWE	E FINDINGS CONSIDERED CAUSES OF DEATH?
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OR CONTRIBL	JTING CAUSE OF	home,	ACE OF INJURY (e.g. form, factory, street,	office bldg., INJURY OCCU	JR? (If In Bolti	more City, give exact location)
OF INITIBY	(Month) (Doy) (Year)	(Hour) 21E, IN	JURY OCCURRED	21 F. HOW DI	D INJURY OCCUR?	
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ANDRES OF CORDITION DIRECTLY SATURE FRENDER WAS DEFENDED AT HOME AT A A ARN STEEN ARR STEEN AT A A ARN STEEN ARR STEEN AT A A ARN STEEN ARR STEEN						
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23 C. PHYSICIA	J.S.U	branel	M.D		us lhoki.	as Itispital
4A. BURIAL CRE	MATION, 24B. DATE Specify)	24C. NAM	E of CEMETERY of C	REMATORY 2	4D. LOCATION	(City, town, or county) (Stote)
BURIA	O. G. FOR DECEASED Print) EUGENIA F. BECKER E IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD AME OF ADDRESS OR LOCATION) THE JOHNS HOPKINS HOSPITAL G. RACE WHITE. WIDOWED DIVORCED DIVORCE		BALTIMORE, M.	aryland		
SA. DATE REC'D	AUG 22 1968	A	4 7 6	25C. FUNERAL DIRE	CTOR	ADDRESS
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BALTIMORE CITY HEALTH DEPARTMENT

VS 150-REV. 1/1/68

ADDRESS

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U.S.A.

ADDRESS

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

If Under 24 Hrs. Hours Min.

IMPORTANT

FUNERAL DIRECTOR:

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BALTIMORE CITY HEALTH DEPARTMENT

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BIRTH NO.	CERTIFICA	TE OF DEATH	70
	· WILLIAM	U 2. DATE AND HOUR OF	1968 8-100 N
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD		ved. If institution, residence before admission
HOSPITAL OR ADDRESS OR LOCA			timore 5 3 - 00
2		Timonium	YES NO NO
INAME OF DECEASED CONTINUE NATIONAL PRODUCTS CONTINUE NATIONAL PRODUCTS CONTINUE NATIONAL PRODUCTS CONTINUE NATIONAL CONTINUE NATIONAL			
		2204 Boxmere Road	
Masc. 6. RACE White		last birthday	Months! Days Hours Min.
lane during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country)	
-		14. MOTHER'S MAIDEN NAME	
Elmer E. W	heeler	Monetta Steve	
	s of service) SECURITY NO.		
10 4 5 5 6			
DISEASES OR CONDITIONS, if		CIMMA OF THE A	long o munth
TO THE DEATH BUT NOT RELATED TO T	HE TERMINAL		
	FORMED	4E5 IN CERTIFY	ING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	home, farm, foctory, street, at	n or about 21 C. WHERE DID (If In fice bldg., INJURY OCCUR?	Boltimore City, give exact facation)
S OF INJURY	While At Not Whil		
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and have and from the causes sta	ted abave. (I) (We) (did) (did nat) v		
	Moye MA	nding Med. Staff	- / /
ALAAAR (Tuna)	DEGREE!		Horry St.
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CRI	EMATORY 24D. LOCATION	(City, tawn, or caunty) (State)
Burial 8/24/	68 Dulaney Valle	y Gardens Cockeysvi	lle, Md.
25A. DATE REC'D BY HEALTH DEPT. ALLA 9 1964	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	Ld Home 6500 York R

VS 150-REV. 1/1/6B

AUG 22 1968 Of Lead E Milliam Mitchell Wiedefeld Home 6500 York Ko

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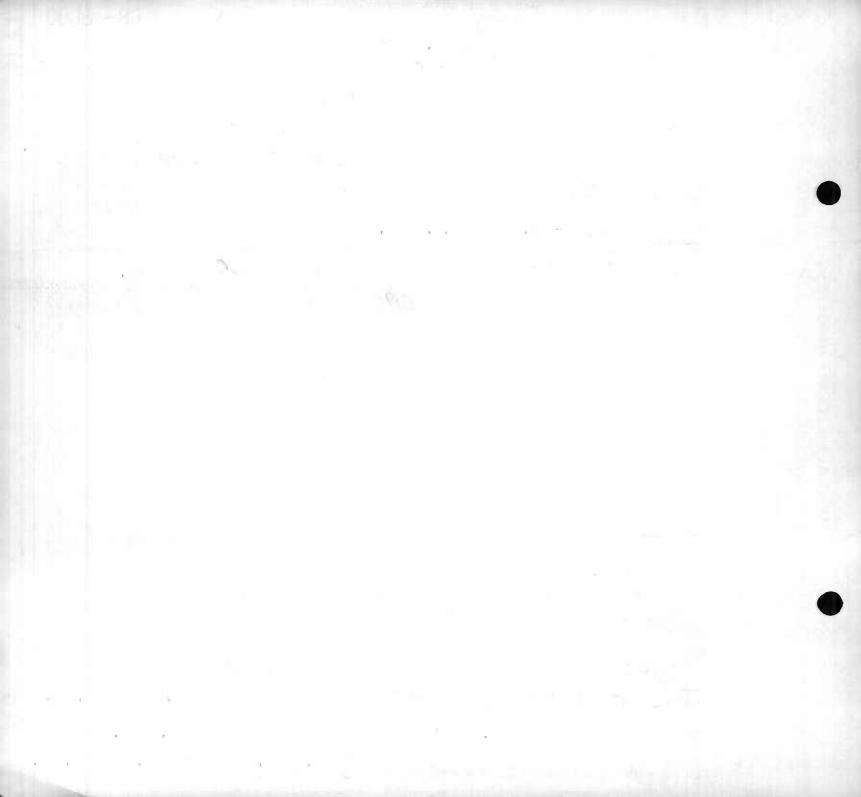
BALTIMORE CITY HEALTH DEPARTMENT

If Under 1 Yr.

12. CITIZEN OF

WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH



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68- 8601 BALTIMORE CITY HEALTH DEPARTMENT

68- 8004

MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG NO.	0007
1. NAME OF DECEASED	2. DATE Knawn X Manth Day Year	Haur
(Type or Print) HARRY TOMPKINS	OF DEATH Estimoted August 19, 1968	12:25 PM
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Day Year	Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD August 19, 1968	12:25 PM
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence b	191
- 1 Ott. W:tolo	A. STATE Maryland B. COUNTY	22 29
Baltimore City Hospitals 6. SEX 7. RACE 8. MARRIED A NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?	11-07
MAKKIED LI NEVEK MAKKIED LI		_
male white WIDOWED DIVORCED		40 L
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Days, Haurs, Min.	E. STREET AND NUMBER	
5-12-1912 56	1548 Windford Road 21212	WINGORD
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
Rhode Island WHAT COUNTRY?	Harry Tompkins	
14A. USUAL OCCUPATION (Give kind af wark 14B. KIND OF BUSINESS OR INDUSTRY done during mast of working life, even if retired)	15. MOTHER'S MAIDEN NAME	
Guard Baltimore Transit	Julia unknown	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	18. INFORMANT ADDRESS	
(Yes, no ar unknown) (If yes, give war ar dates af service) SECURITY NO. 212-06-3140	Mrs Ellen L. Tompkins 1548 Winford	i Road
19. CAUSE OF DEA	TH APP	PROXIMATE INTERVAL
418,4		EEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteri	osclerotic Cardiovascular Disease	
(This does not mean the made of dying, e.g., Olife TO OR	CAUSE AS A CONSEQUENCE OF:	
heart failure, osthenio, etc. It means the disease, Injury or complication which coused death.)		
ANTECEDENT CAUSES (B)	AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
Z UNDERLYING CONDITION LAST. (C)		
CC)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	Bridge St.	
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOI	PSY? (Yes or No)
		Yes
22A. EXTERNAL CAUSE WAS 22B.PLACE OF INJURY(e.g.,	in ar obaut 22C. WHERE DID (If in Boltimore City, give exoct location) to bidg., etc.) INJURY OCCUR?	
UNDERLYING OR CONTRIB-	e blag., etc.) INDOKT OCCOK!	
22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
	WHILE	
23.		
I certify that I held on Inquiry Inspection Au	topsy 🛮 ond that on this basis, death In my opinion	
resulted from: Notural causes X Accident Suicia	de Homicide Undetermined manner	
	CHIEF MEDICAL EXAMINER	
ACTUAL / LLC A A A A A A A A A A A A A A A A A A	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURES M.D.		8/20/68
NAME (Type) Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county)	(State)
REMOVAL (Specify) Burial 8=22-1968 Loudon Park	Cemetery	
Burial 8922-1968 Loudon 2 at k 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Dat CIMOTE	Md.
		- Danel
AUG 22 1968 12 Ports & Southerna	Lassahn Funeral Home 7401 Belain	r noad

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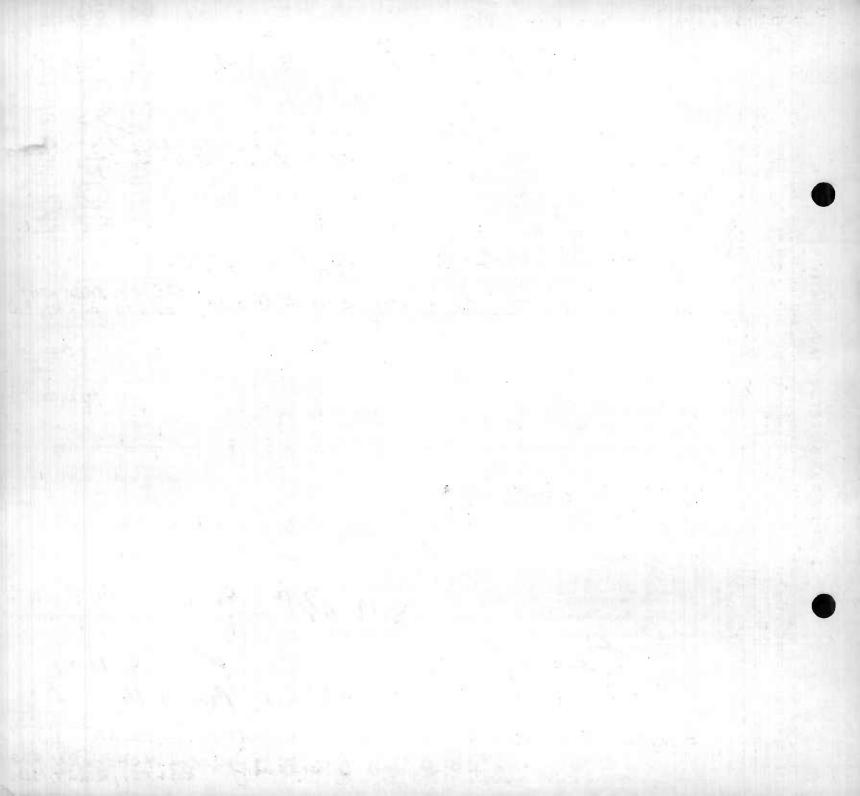
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in

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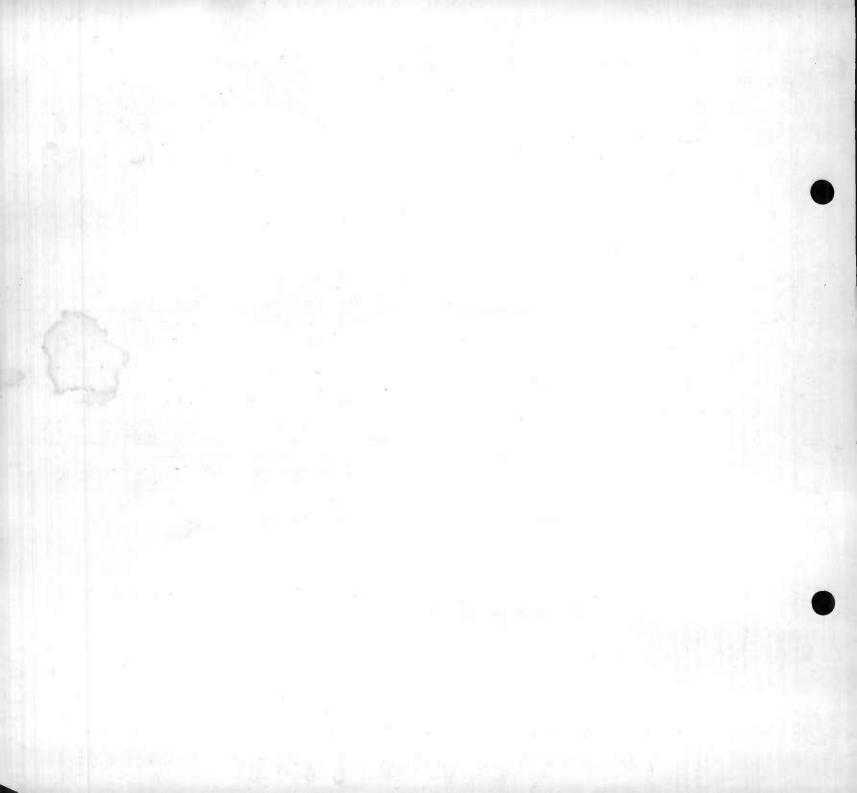
8607 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. BIRTH NO. OX 1. NAME OF DECEASED Known X 2. DATE Month Yeor Hour (Type or Print) OF GLEN FENSTERMAKER Estimoted ... DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Hour Month Doy Yeor PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF August 8, 1968 12:15 A. HOSPITAL OR INSTITUTION ADDRESS OR LOCATION) 5. USUAL RESIDENCE (Where deceased I ived. If institution: residence before admission) B. COUNTY A. STATE 1319 N. Calvert Street Maryland 6. SEX 7. RACE C. CITY OR TOWN D. INSIDE CITY LIMITS B. MARRIED NEVER MARRIED Male White Baltimore WIDOWED DIVORCED YES 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER lost birthdoy) Months, Doys, Hours, Min. 1319 N. Calvert Street 968 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? BALTTMORE HOLD MARK HILL IN A SUBJECT OF BUSINESS OF INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired) HUDSON FENSTERMAKER NONE LEOLA B. INFORMANT 16. WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO. (Yes, no or unknown) (If yes, give wor or dotes of service) LEOLA FENSTERMAKER 1319 N. GALVERT CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Sudden death in infancy (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heort foilure, osthenio, etc. It means the diseose, injury or complication which coused death.) **ANTECEDENT CAUSES** DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)... CATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL ERTIFIC DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) O ₹ 22A. 228. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exoct location) home, form, foctory, street, office bldg., etc.) INJURY OCCUR? EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) 22F. HOW DID INJURY OCCUR? (Hour) 22E. INJURY OCCURRED (Yeor) OF INJURY NOT WHILE WHILE AT (APPROX.) m. WORK AT WORK 23. Autopsy X I certify that I held on Inquiry Inspection and that on this bosis, death in my apinion resulted fram: Notural couses X Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED **ACTUAL** ASSISTANT MEDICAL EXAMINER M.D. SIGNATURE Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER **EXAMINER'S** August 8, 1968 NAME (Type) 24D. LOCATION . (City, town, or county) 24A, BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY (Stote) REMOVAL (Specify) BALTIMORE. MD. BURIAL NEW CATHEDR 258. NAME OF REGISTRAR ADDRESS . MEARS & SON 805 N. CALVERT ST. SHEW A RESIDEN

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68-8609 BALTIMORE CITY HEALTH DEPARTMENT

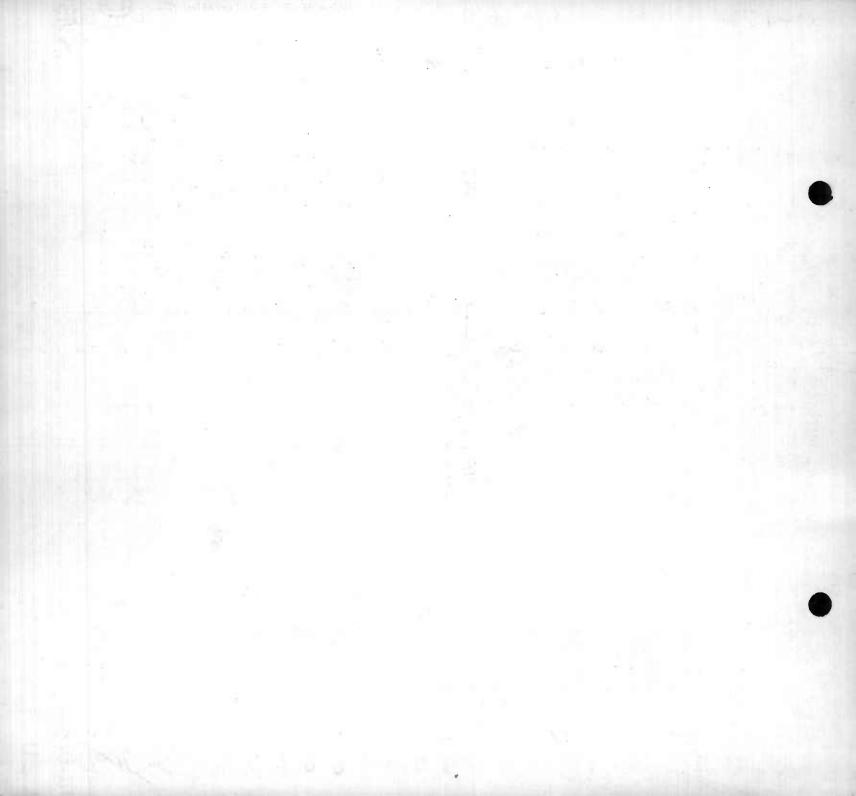
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-	TH NO.									KEO, IV	· · · · · · · · · · · · · · · · · · ·		
	NAME OF DEC	EASED					2. DATE OF	Known XIX	Month	Doy	Yeor		50 A
L	GOLDIE	В.		R	ECHA	RDSON	DEATH	Estimoted	Aug	ust 20,	1968	7:	50 A _M
4.	PLACE IN BAL	TIMORE, MA	RYLAND, W	HERE P	RONC	DUNCED DEAD	3. DATE	UNICED DEAD	Month	Doy	Yeor		
	L NAME OF SPITAL	(IF NO	T IN HOSPITA	LORINS	TITUTIO	ON, GIVE STREET	PRONC	UNCED DEAD	Augu	st 20,	1968	7:	50 A M.
OR	INSTITUTION	ADDRE	.55 01 60 64	11011			5. USUAL	RESIDENCE (Wh					
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		/ KACL			_	NEVER MARRIED					72		1,60
	female	negr		WIDON				ltimore			YES LX	№ Ц	
	DATE OF BIRTI		10. AGE (Ir	yeors		nder 1 Yr. If Under 24 Hrs. hs Doys Hours Min.	E. STREET	AND NUMBER					
	9/12/19	18	49				1	822 Laure	ns Str	eet			
11.	BIRTHPLACE (S	tote or foreig	n country)			CITIZEN OF	13. FATHE	R'S NAME	34.				
	South	Carol	ina			WHAT COUNTRY?	WH T	lliam He	mmi no	W S T			
144	USUAL OCCU	PATION (Give	e kind of work	14B. KIN		BUSINESS OR INDUSTR				nay			
don	e during most of w	orking lile, ev	en if retired)					?					
1.6	WAS DECEAS	ED EVED IN	II S ADMER	FORCE	co	17. SOCIAL	18. INFOR	•			ADDRESS		
(Ye	s, no or unknown)	(If yes, give w	vor or dotes	of service	9)	SECURITY NO.			d = 0 =	1000			_
							James	Richar	ason	1822	Laure		
	19. sef / co	1,20				CAUSE OF DEA	TH				BE		TE INTERVAL
	DISEAS	E OR COND	ITION DIRE	CTLY									
		LEADING TO				Hyperte	nsive	Cardiovas	scula r	Disease	1		
	(This does n	ot meon the	mode of dy	ing, e.g.,		DUE TO, OR		QUENCE OF:					
		, osthenio, etc. oplication which											
		NTECEDENT				(B)							
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Q	.1.1.	V	11			(-)							
4	OTHER SIGN	IFICANT CON		ONTRIBU	ITING						31		
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ERTIFICATION						WHICH OPERATION W	AS PERFOR	MED			21. AU	TOPSY? ()	(es or No)
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EDIC	UNDERLYING UTING CA		TRIB-		hom e	PLACE OF INJURY (e.g., , form, foctory, street, office	e bldg., etc.)	INJURY OCCUR	? (It in Boltim	ore City, give	exoct locotion	n)	
Σ		(Month) (D	oy) (Yeor) (Hou	r) 2:	ZE.INJURY OCCURRED		22F. HOW DID	NJURY OCC	CUR?			
	OF INJURY (APPROX.)						WHILE						
	23.				m. W	ORK AT W	ORK						
		ify that I h	eld on I	nquiry		Inspection X Au	topsy	and that or	this basis	, death in n	ny opinion		
	result	red from: N	latural cou	SesAA	A	ccident U Suicio	је 📋 г	lamicide		ined manne			
	ACTUAL	11000			7	D		CHIEF MEDICA				DATE S	SIGNED
	SIGNATI	URE LILE	my.	h	0	M.D	ASS	SISTANT MEDICA	L EXAMINER	X		0/00	160
	EXAMIN NAME (1	ER'S TAI	lerner	U. S	pjt	z, M.D.		OCIATE MEDICA	L EXAMINER			8/20	1/68
24	A. BURIAL CRE	MATION, 2	4B. DATE		24	C. NAME of CEMETERY	ar CREMAT	ORY 24	D. LOCATIO	N (City, to	own, or coun	ity)	(Stote)
RE	MOVAL (Speci Buria)	iy)	0/0-	1.		3.61		T	20744				
-			8/22		1000	Mt. Aubur	n		Baltim	ore, 1	Maryla	and	
25	A. DATE REC'D	RX HEALTH	A PERSON	25B.	AME	OF REGISTRAR		FUNERAL DIRE			ADDRESS		
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BIRTH NO.

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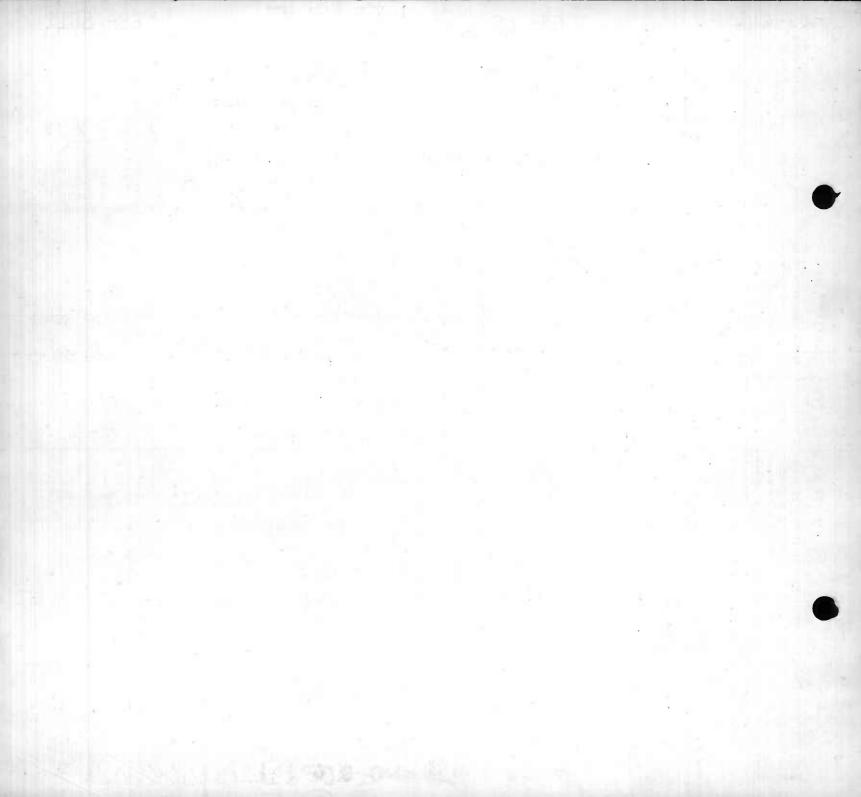
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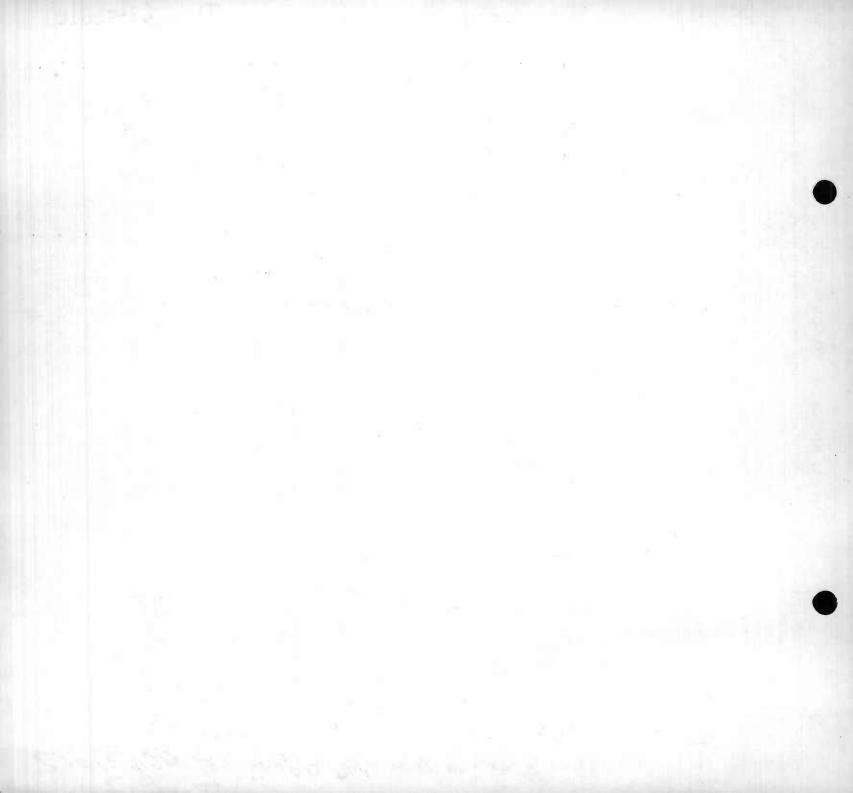
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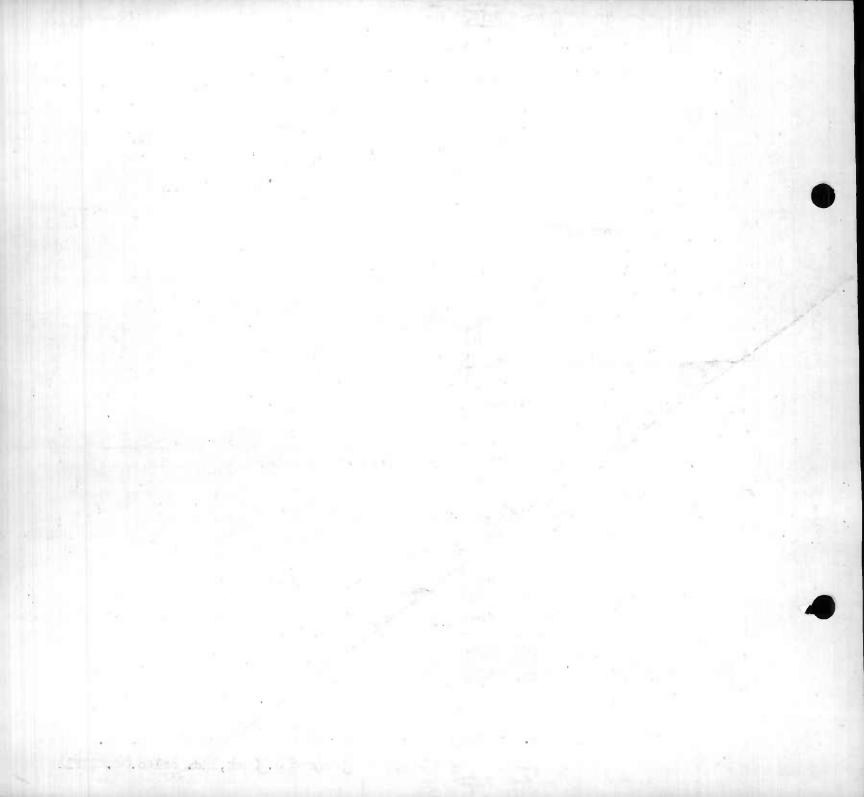
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VS 150-REV. 1/1/68

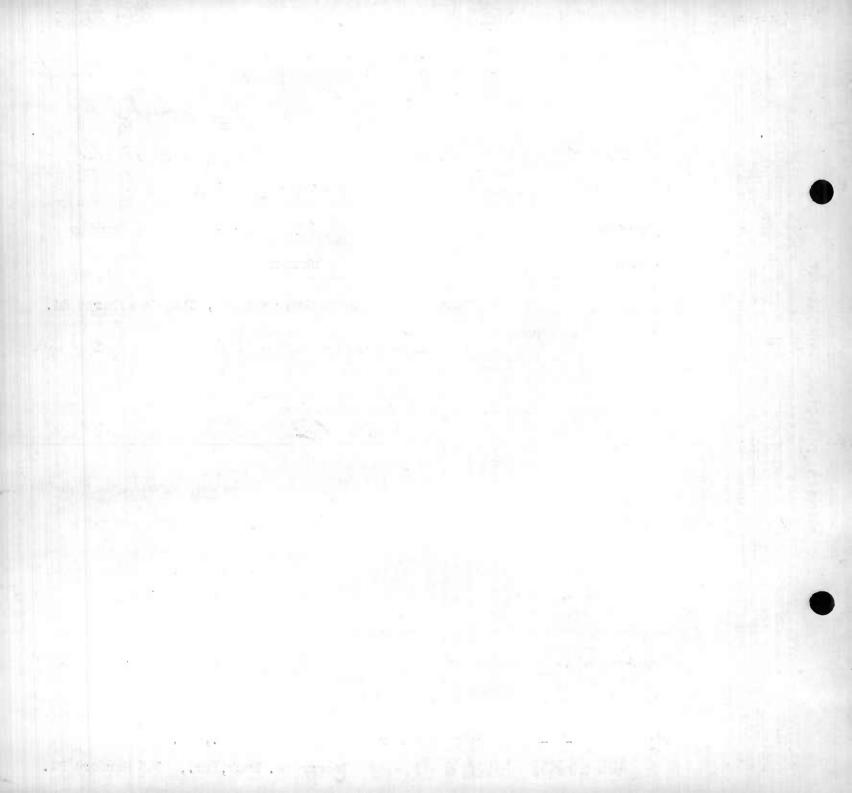


R-520

68- 8614 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.		MED	ICAL	EX	AMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO	68-	861	4
I. NAME OF DEC	EASED					2. DATE	Known X	Month	Doy	Yeor	Hour	
(Type or Print)		EDERICE	J.	ROM1	I G	OF DEATH	Estimoted	August		1968	9:03	А. м.
4. PLACE IN BALT	IMORE, MA	RYLAND, W	HERE PE	RONOL	JNCED DEAD	3. DATE		Manth	Doy	Yeor	Hour	
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NO	T IN HOSPITA	LORINS	TITUTIO	N, GIVE STREET		JNCED DEAD	Augus		1968	9:03	А. м.
31						A. STATE	ESIDEIACE (MILE)		B. COUNTY	Dir. residence	10-	sion)
	more C:	ity Hos					aryland		In thising	100	uno 4)
6. SEX	7. RACE		8. MARR	IED L	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE	CITY LIMITS?		
Male	Whit		WIDOV			-	altimore			YES X	NO L	
Nov.29,19		lost birthdo	()1		ler 1 Yr. If Under 24 Hrs s; Doys; Hours; Min.	300	of th Ave	Balto			33	-00
11. BIRTHPLACE (S					TIZEN OF	13. FATHER						
Maryla	ha			W	HAT COUNTRY?	Calv	in M Romi	004	Staff Staff			
14A.USUAL OCCUP	PATION (Giv		4B. KIND		USINESS OR INDUSTR							
done during most of w	orking life, ev	en if retired)	Toom	hom	Co	Anni	E Pfarr					
Clerk 16. WAS DECEASE	D EVER IN	U.S. ARMED			Co .	IB. INFOR				ADDRESS		
(Yes, no or unknown)	(If yes, give v	vor or dotes	of service)	SECURITY NO.			Same				
Yes	WW 1	Τ			CAUSE OF DE		E Hester	Danie		1 A	PPROXIMATE IN	JTERVAL
E953	XI				CAUSE OF DEA	AIH					VEEN ONSET A	
	ORCOND		CTLY									
	LEADING TO				(A)IMMEDIATE		unshot wo	und of	head			
	asthenio, etc	. It means the	disease,		DUE TO, OR	AS A CONSEC	UENCE OF:					
tnlury or com	plication which	th caused dea	th.)									
AN	TECEDENT	CAUSES			(B)							
DISEASES C	R CONDITIO	ONS, IF ANY	GIVING		(B)DUE TO, OF	AS A CONSE	QUENCE OF:					
RISE TO THE			ING IHE									
Z .					(C)							
OTHER SIGN	IFICANT CON	II IDITIONS CO	NTRIBLE	TING								
O THE DEA	TH BUT NOT	RELATED TO	THE TERM	INAL								
20A. DATE OF					HICH OPERATION V	AS PERFORA	VED.			21 AUTO	OPSY? (Yes	or No)
8							of head)					
8-19-63	NAL CAUSE		ead i		- y			/1f := D - lat	- Cit i		No	
O LINDEDIVING				home,	ACE OF INJURY (e.g. form, foctory, street, off	ce blda. etc.)[]	NJURY OCCUR?			xociiocononj		
UTING CAL				1 1	home		160 N. E1					
OF INJURY		oy) (Yeor			E.INJURY OCCURRED		2F. HOW DID IN					
(APPROX.)	8-19-	68 1:1	.5 A.	m. WC	ORK NO	WORK X	Shot self	in hea	ad			
23.	fy that I h	eld an I	nautry [7	Inspection X A		ond that on t	hie hoeie	death in m	v onlnlon	19	
						(TEF)						
result	ed from: N	ofurol cou	ses U	Ac	cident L Suici		omicide	Undetermin	ned monner			
ACTUAL	10	//	2	1			CHIEF MEDICAL				DATE SIG	NED
SIGNATU	JRE	car	77	. <	Soul M.	D. ASS	STANT MEDICAL	EXAMINER	X			
EXAMINE NAME (T		arles S	S. Sp	ring	gate, M. D.	ASSO	CIATE MEDICAL	EXAMINER		August	22, 19	68
24A. BURIAL CREM	AATION, 2	4B. DATE		24C.	NAME of CEMETERY	or CREMATO	ORY 24D.	LOCATION	(City, to	wn, or county) (Sto	ite)
REMOVAL (Specific Burial	γ)	8/26/6	8		Baltimore N	ational	В	altimor	re, Mar	yland		
25A. DATE REC'D		DEPT.			OF REGISTRAR		FUNERAL DIRECT			ADDRESS		
A	UG 23	1968	Role		2. Faileins] Je	onard J R	uck Ind	Bal	Ltimore	, Mary	rland
			- 2									

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1	BIRTH NO. BALTIMORE CITY	HEALTH DEPARTMENT	REG. NO.	68-8617			
			Y				
	1. NAME OF DECEASED (Type or Print) OTTO, ADALINE SCHMIDT	AUGUST 21, 1968 2:37A. M.					
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	A. STATE 8. COUN'		en: residence before admission)			
	HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN	D. INSIDE CI	TY LIMITS?			
	ST AGNES HOSPITAL	BALTIMORE	YES	□ NO □			
9	CATON & WILKENS AVENUES BALTIMORE, MARYLAND 21229	9610 BELAIR ROAD					
s mad	FEMALE WHITE FEMALE DIVORCED	08/28/96	71 Mon	Inder 1 Yi. If Under 24 Hrs. ths Doys Hours Min.			
disposition	done during most of working life, even if retired) HOUSEWIFE HOME Leepen	MARYLAND		U.S.A.			
00	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAM	AE .				
S	CHRISTOPHER SCHMIDT	MARY GLATZEL					
0	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	17. INFORMANT		A POAPSON &			
_	Wo 216-24-1237	ST AGNES HOSE	PITAL'S RECO	RDS WILKENS			
or ti	18. CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
remains are embalmed	heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES	A CONSEQUENCE OF:	Manulotus				
e the	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	YES	208. IF YES, WERE FINDIN	NGS CONSIDERED OF DEATH?			
before	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in one, form, foctory, street, of DEATH (notify medical examiner)	n ai about 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Soltimore City,	give exact location)			
ained	21 D. TIME (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED OF INJURY (APPROX.) While At Work At Work	21F. HOW DID INJU					
must be obt	that (X) (we) last saw the deceased alive an AUGUST 21 and haur and from the causes stated abave. X) (We) (did) (XIX) v 23A. SCNATURE	19 68 and the		T 21 19 68, death accurred an the date			
written approval	CHARLES J LANCELLOTA, JR S			TON BALTO MD			
0	24A. BURIAL CREMATION, REMOVAL (Specify) 248. DATE 24C. NAME of CEMETERY or CRE	MATORY 24D. LC	OCATION (City, tow	vn, or county) (State)			
Her	Burial 8/23/68 St. Michaels ceme		rry Hall Balt	imore MA.			
×	AUG 23 1968 R. C. D. E. STELLER	S GAN 7	Jan / Him	101 Belair RA.			

VS 150-REV. 1/1/68

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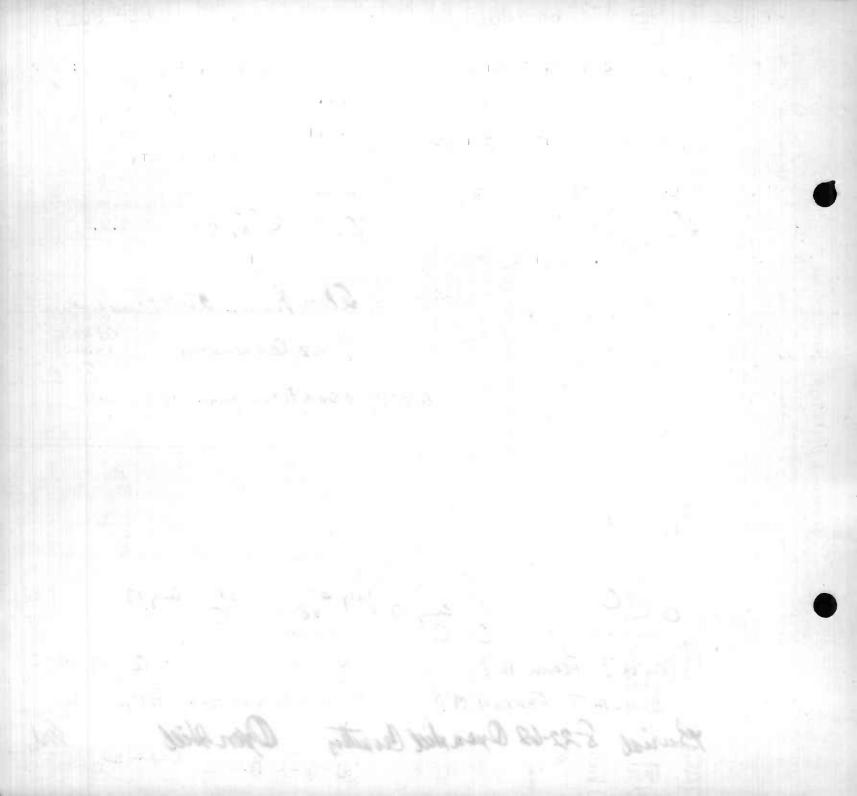
THE RESIDENCE OF THE PARTY OF T

IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT





FULL NAME OF HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION Lutheran Hospital D.O.A. 6. SEX Colored Female 9. DATE OF BIRTH 11. BIRTHPLACE (State or foreign country) WHAT COUNTRY?

14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. during most of working life even if retired) 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dotes of service) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart loilure, osthenio, etc. It meons the diseose, Injury or complication which caused death.) **ANTECEDENT CAUSES** DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)... OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 20 A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) No 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exect location) home, form, foctory, street, office bldg., etc.) INJURY OCCUR? 22A. EXTERNAL CAUSE WAS UNDERLYING TOR CONTRIB-UTING CAUSE OF DEATH TIME (Month) (Doy) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? (Yeor) OF INJURY WHILE AT NOT WHILE (APPROX.) m. WORK AT WORK Inspection XX Autopsy 1 certify that 1 held on Inquiry and that on this basis, death in my opinion Suicide resulted from: Natural couses Homicide Undetermined monner

SIGNATURE EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY

CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER XX

DATE SIGNED

ASSOCIATE MEDICAL EXAMINER

24D. LOCATION

August 23.

25A. DATE REC'D BY HEALTH DEPT.

25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR ADDRESS

VS 151-REV. 1/1/68

REMOVAL (Specify)

ACTUAL

BIRTH NO

(Type or Print)

LITTLE M. C. U.S.A. Benjan ALSTON stimecost. Sitt 49 NO John Cherry Car H NO Bringh 8-26-68 City Base churchson. Orale De

G-650

68- 8621 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO

68-8621

BIRTH NO.									KEG. I	٧٥			
1. NAME OF D (Type or Print)		RACHEL	GREE	EN		2. DATE OF DEATH	Knawn 🖺 Estimoted [August	22,	1968	r Hour	М.	
4. PLACE IN B	ALTIMORE, MA	RYLAND, V	VHERE P	RONO	UNCED DEAD	3. DATE		Month	Doy	Ye	or Hour	PVI.	
FULL NAME OF HOSPITAL OR INSTITUTION					N, GIVE STREET		ESIDENCE (Wh	Augus t		1968	12:58	M.	
00		Pressb				5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) A. STATE Maryland B. COUNTY							
6. SEX Female	7. RACE Neg	ro	8. MARI		NEVER MARRIED	C. CITY OR	Baltimor	e	P. IIVSID	YES X	3.3		
9. DATE OF BIR	886	10. AGE (In last birthda	years v)	If Und	der 1 Yr. If Under 24 Hrs. is i Days i Haurs i Min.	E. STREET	AND NUMBER	essbury	Stree				
Baltin	(State or foreign	aryla		W	TIZEN OF	1	s NAME ijamin I	homps					
done during most of Retire	UPATION (Giv f warking life, ev d	e kind af wark en if retired)	148. KINI	OF B	USINESS OR INDUSTRY		tha The						
16. WAS DECEA (Yes, na ar unknow	SED EVER IN	U.S. ARMED	of service	S? e)	17. SOCIAL SECURITY NO.	Mrs.	MANT Elizabe	eth Her	nson	ADDRESS 2422		ry	
19.21	24				CAUSE OF DEA	řН					APPROXIMATE IN		
DISEA	SE OR COND		CTLY		Arterio	sclerot	ic cardi	ovascu1	ar di		BETWEEN ONSET AT	NO DEATH	
heart failu	nat mean the re, asthenia, etc omplication who	mode of dy	disease,		(A)IMMEDIATE O		UENCE OF:						
DISEASES RISE TO T UNDERLY OTHER SIG	EATH BUT NOT	ONS, IF ANY USE (A) STA ION LAST. II NDITIONS CO	ONTRIBU	TING	(B) DUE TO, OR	as a conse	QUENCE OF:			0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
	OF OPERATION				VHICH OPERATION W	S PERFORA	MED			21. A	UTOPSY? (Yes o	or No)	
											No		
UNDERLYIN	RNAL CAUSE IG OR CON AUSE OF DEA	TRIB-		home,	LACE OF INJURY(e.g., farm, factory, street, affic	in ar about (bldg., etc.)	22C. WHERE DI NJURY OCCUR	D (If in Baltima ?	re City, giv	e exoct location	on)		
22D. TIME OF INJURY (APPROX.)		Ooy) (Year	r) (Hav	W	E.INJURY OCCURRED HILE AT AT W	WHILE	22F. HOW DID	INJURY OCC	UR?				
	TURE	latural cou	7 5	Ac	Inspection A Au cident Suicide M.D cingate, M.D	e H	and that or omicide CHIEF MEDICA ISTANT MEDICA	L EXAMINER	ned monn	er 🗌	DATE SIGN		
24A. BURIAL CR	EMATION, 2	8-26-	-68		NAME of CEMETERY Mount Aubu			Balt		town, or cou	yland	te)	
25A. DATE REC	AUG 2	DEPT. 3 1968			2, Falley 1.		FUNERAL DIRE		г.н.	ADDRESS 1701		S	
VS 151-REV. 1/1/	6B			8 5	3 0 0 1	0	0 64	•				1	

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DIRECTOR:

FUNERAL

City of Estimate to 25 Maries of the Marie

68- 8623 BALTIMORE CITY HEALTH DEPARTMENT 68-8623 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO BIRTH NO NAME OF DECEASED 2. DATE Knawn 😾 Manth Day Year Haur (Type or Print) OF Estimoted _ JOHN ALLEN MILES. Jr. 20 11:20p M. DEATH 68 DATE 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Month Doy Year Hour PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) 1968 11.20 Amonst OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If institution; residence belare admission) B. COUNTY A. STATE Maryland Provident Hospital D.O.A C. CITY OR TOWN 6. SEX D. INSIDE CL B. MARRIED P NEVER MARRIED WIDOWED DIVORCED Balto. YES NO Male 9. DATE OF BIRTH Colored 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER last bighyny) Months | Days | Hours | Min. 4-16-1936 9 N. Mount St. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? John Allen Miles Great Falls. S.C. 14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME dane during most of working life, even if retired) Annie Hicks Construction 16. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) ((If yes, give wor ar dotes of service) 18. INFORMANT ADDRESS SOCIAL SECURITY NO. Mrs. Annie E. Miles 701 W. Mulberry No. CAUSE OF DEATH SETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Shotgun wound of the ches (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease, injury or camplication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: **ANTECEDENT CAUSES** DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)_ CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes ar Na) 22B. PLACE OF INJURY (e.g., in or about 22C. WHERE DID (If in Baltimore City, give exoct location) hame, form, factory, street, affice bldg., etc.) INJURY OCCUR? **EXTERNAL CAUSE WAS** UNDERLYING POR CONTRIB-UTING CAUSE OF DEATH Street 953 Pennsylvania Ave. OF INJURY (Month) 22E.INJURY OCCURRED (Year) (Haur) NOT WHILE (APPROX.) 20 AT WORK subject shot by storeowner 23 Autapsy XX and that an this basis, death in my opinian I certify that I held an Inquiry Inspection Homicide XX Undetermined manner Accident Suicide __ resulted fram: Natural causes CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE ASSOCIATE MEDICAL EXAMINER EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D. August 21, 1968 24C. NAME of CEMETERY or CREMATORY 24A. BURIAL CREMATION. 24B. DATE 24D. LOCATION (City, town, or county) REMOVAL (Specify)
Burial Baltimore, Maryland 8-26-68 Mount Auburn Cemetery 25A. DATE REC'DEVIGATE PER 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR **ADDRESS**

MORTON & DYETT F.H. 1701 Laurens St.

VS 151-REV. 1/1/68

Clout &

ARA BALANDA The PV (5 pages) at the page

68- 8624 BALTIMORE CITY HEALTH DEPARTMENT

VS 1S1-REV, 1/1/68

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH
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			00-	002	BALTI	MORE CITY HE	ALTH DEPA	RTMENT			CQ_	868) A
BIF	RTH NO.		MED	DICAL	EXAM	MINER'S	CERTIFI	CATE OF	DEAT	H REG. NO.	-00	-004	
1.	NAME OF DEC	EASED					2. DATE	Known 🔀	Month	Doy	Yeor	Hour	
(1)	pe or Print)	THEOD	ORE LAN	NE.			DEATH	Estimoted	8	22	68	6:05	D M.
4.	PLACE IN BALT				ONOUNCE	D DEAD	3. DATE	- 7	Month	Doy	Yeor	Hour	-
HO	L NAME OF SPITAL INSTITUTION	(IF NO	OT IN HOSPIT	AL OR INST	TITUTION, GIV	'E STREET		UNCED DEAD	Augus		1968	6:05	р м.
							A. STATE		e deceosed ii	B. COUNTY	n: residence i	perore ogmi	ission)
			cours I					Maryland					-
6.	SEX	7. RACE		8. MARR	IED 🗌 NEV	ER MARRIED	C. CITY O	TOWN		D. INCIDE C	ITY LIMITS?		
	Male	Colo	red	WIDOW	/ED 🗌	DIVORCED	Ва	lto.		1	ES A	NO	
	DATE OF BIRTH		10. AGE (r. If Under 24 Hrs.	E. STREET	AND NUMBER					
1	1-29-19	943	lost birtho	oy)	Months Doy	s i nours i min.	513	N. Pulas	ki St				
11.	BIRTHPLACE (S	tote or fore	ign country)		12. CITIZEN	OF	13. FATHER		KI DE.				
	altimo			nd	WHATE	OUNTRY?	T.em	nie Lane					
_								R'S MAIDEN NA					
	e during most of w				OF BUSINE	33 OK INDUSIK		Mae Lan					
_									i.G				
16. (Ye:	WAS DECEASE	O EVER IN	U.S. ARME	of service		CURITY NQ.1 1	18. INFOR		T		DDRESS	00 0+	mant
	No.		,		214	-40 -8H	I Mr.	Lemmie	Lane	255 N	. Bri	ce si	J. ee c
	19.	1.8				CAUSE OF DEA	TH					PROXIMATE I	
	DISEASI	ORCON	DITION DIRE	CTIV							DE I W	LEIT OHDET	THE BEALL
		EADING 1		CILI			TANCE T	atty live	20				
	(This does no	ot meon the	mode of d	ying, e.g.,		(A)IMMEDIATE O	AS A CONSE		<u> </u>				
			tc. It meons th nich coused de										
NOI	DISEASES C	ABOVE C	TIONS, IF AN AUSE (A) STA TION LAST.			(8)	as a Consi	QUENCE OF:				der	
CERTIFICATION	TO THE DEA	TH BUT NO	NDITIONS C T RELATED TO N GIVEN IN F	THE TERM	ING INAL								
RT	20A. DATE OF	OPERATIO	N 20B. CO	NDITION	FOR WHICH	OPERATION W	AS PERFOR	MED			21. AUTO	PSY? (Yes	or No)
ប	2											YES	
CAL	22A. EXTERN	VAL CAUSI	WAS		228. PLACE	OF INJURY(e.g.,	in or obout	22C. WHERE DID	(If In Saltimo	re City, give ex	oct locotion)	LES	
MEDIC	UNDERLYING UTING CAI	OR CO	VTRIB-		home, form, f	octory, street, offic	e bldg., etc.)	NJURY OCCUR?					
2	OF INJURY	Month)	(Doy) (Yed	or) (Hou		JRY OCCURRED		22F. HOW DID IN	IJURY OCC	UR?			
	(APPROX.)				m. WHILE AT		WHILE						
	23.												
	l certi	fy that I	held on	Inquiry [Inspe	ction Au	topsy XX	ond that on t	hls bosis,	deoth in my	opinion		
	result	ed from:	Notural car	uses XX	Acciden	t Suicio	le H	amicide 🗌	Undetermi	ned manner			
			1	2)	16-6-6		CHIEF MEDICAL					
	ACTUAL	PJ	112/	1/	1110-	_	ASS	ISTANT MEDICAL		xx		DATE SIG	NED
	SIGNATU		JV 4- J.		VIP	M.D),						
	EXAMINE		T 1		TT 2 7 -	. 16 5	ASS	OCIATE MEDICAL	EXAMINER			2 10	69
24	NAME (T		Edwa 248. DATE	ard F.	WILSO	n. M.D.	or CREMAT	ORY 24D	LOCATION		n, or county		ote)
RE	MOVAL (Specif Burial		8-27-	-68	-	rver Mer			Laur			ryla	_
		BY HEALTH	DEPL	25B. N	AME OF RE	GISTRAR	25C.	FUNERAL DIRECT	OR		ADDRESS		
	A. DATE REC'D	146 2	3 1968	Role	4 4 1	tolber MA	1	RTON & I		F.H.	1701 I	Laure	ns St

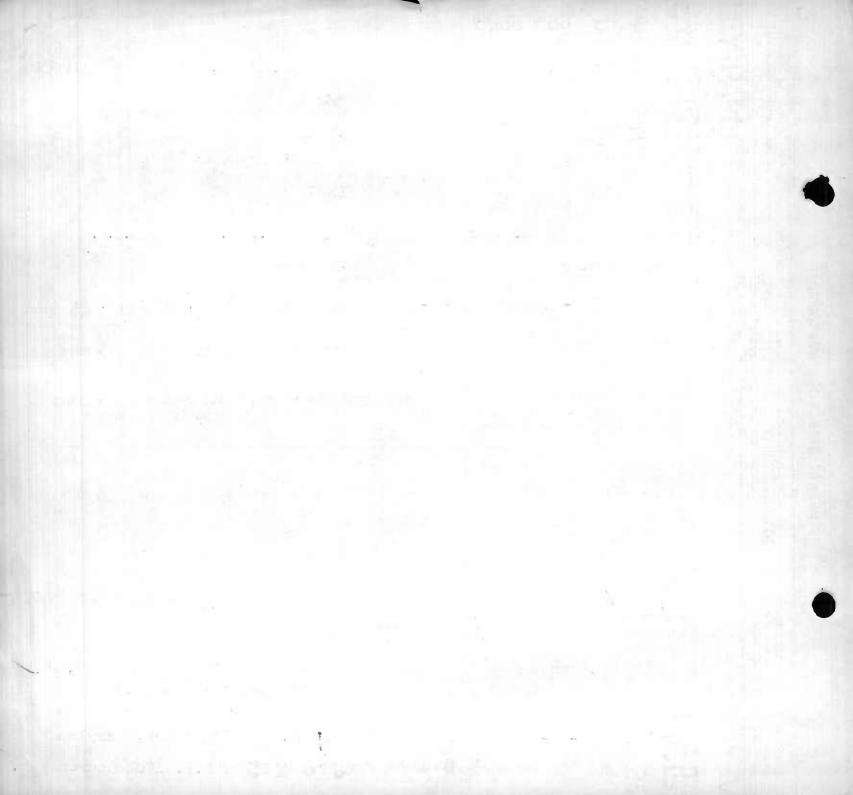
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	00 100	BALTIMORE CITY	HEALTH DEPARTMENT	1	63-8625
	68- 86	25 CERTIFICA	TE OF DEATH	REG. NO.	00 0000
H NO.		CERTIFICA			
AME OF DECEASED			2. DATE AN	D HOUR OF DEATH	A TABLE OF THE REAL PROPERTY.
Foster,	Sherwood		August	21. 1968	11:45 R M.
LACE IN BALTIMORE, MARY	LAND, WHERE PRO	NOUNCED DEAD	A. STATE B. COUN		titution: residence before admission)
SPITAL OR ADDRESS TO Veterans 3900 Lock	Administra Raven Bone, Maryland	d 21218	Maryland c. CITY OR TOWN Baltimore E. STREET AND NUMBER 2620 Shirley	DINSH	YES Y NO I
Le Negro		IED NEVER MARRIED		lost birthdoy)	Months Doys Hours Min.
	WIDOV		.,,		
USUAL OCCUPATION (Give) during most of working life, even		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Odd d	Jobs	Charlotte Co.	Va.	W.S.A.
FATHER'S NAME			Charlotte Co.,	AE	0.00111
Nicholas Foste	er		Sally Brown		
Nos Occeased Ever in U. S., ,no or unknown) (If yes, give w	Armed Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	- 7/24/19	210-45-2587	VA Hospital F	Records. Bal	timore, Md 21218
1B. / 5 3 1		CAUSE OF DEAT			APPROXIMATE INTERVAL
DISEASE OR CONDI LEADING TO (This does not meon the heart failure, asthenia, etc. injury or camplication whice	DEATH mode of dying, Il means the dise	e.g., DUE TO, OR AS	USE Bilateral pne A CONSEQUENCE OF:	eumonia	3 days
ANTECEDENT	CAUSES	Carcin	omatosis of cold	on and rectu	m 3 years
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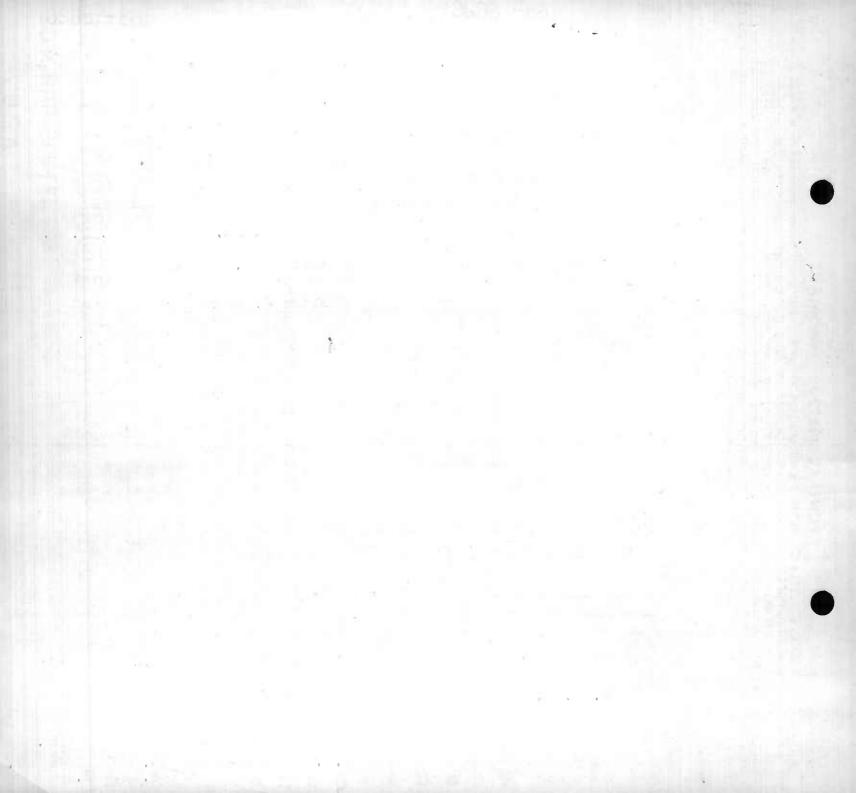
(Hour) (Doy) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At 19 68 August 21st July 30th 22. I certify that \$1) (this haspital) attended the deceased from 19 68and that In (my) (aur) apinian death accurred an the date that () (we) last saw the deceased alive an August 21st and haur and from the causes stated above. (1) (We) (did) (did) (high not) view the body after death. 23B, DATE SIGNED Attending [Staff Phys. Med. August 22, 1968 23D. ADDRESS 3900 Loch Raven Boulevard Baltimore Maryland nd 21218 (City, town, or county) 24C. NAME of CEMETERY OF CREMATOR 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 8-27-68 National Baltimore, Maryland Baltimore Cem. 25C. FUNERAL DIRECTOR

VS 150-REV, 1/1/68

1701 Laurens St. F.H.



VS 150-REV. 1/1/6B



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68-8	OZ CERTIFICA	TE OF DEATH	REG. NO	68-8627
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Type or Print) WALTER W	TO MPKINS	8/2	7 68	9:45 +
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3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
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HOSPITAL OR	ADDRESS OR LOC	ΑΠΟΝΙ		C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
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5. SEX	6. RACE	7 5	¬	WOODSTOCK	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
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23C. PHYSICI	AN'S	Ofer	DEGREE	23D. ADDRESS	111/2/	10/00/00
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BALTIMORE CITY HEALTH DEPARTMENT

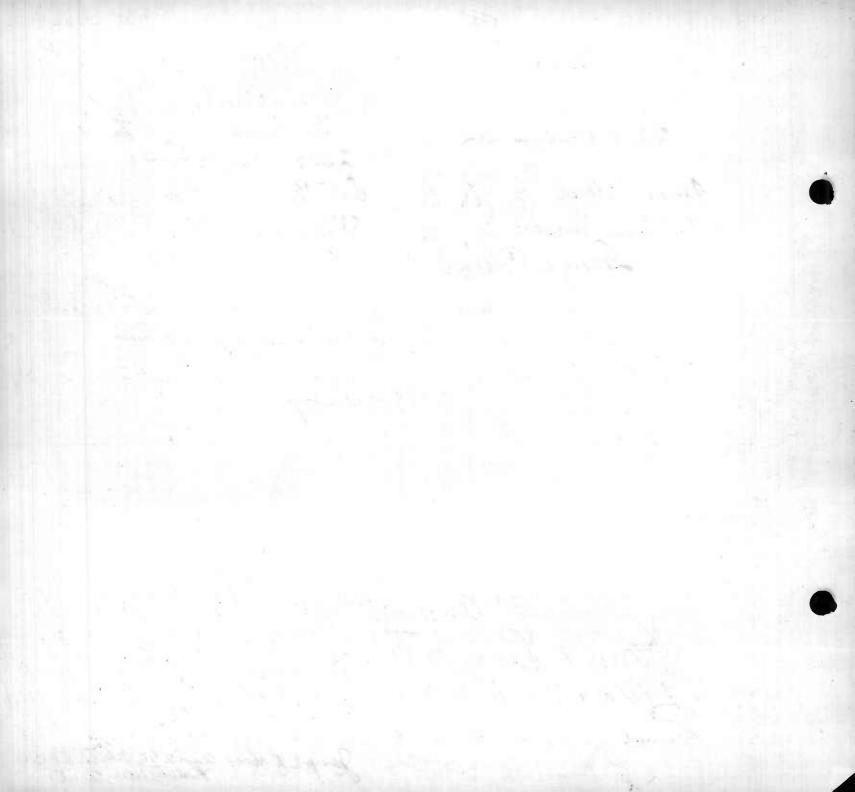
CERTIFICATE OF DEATH

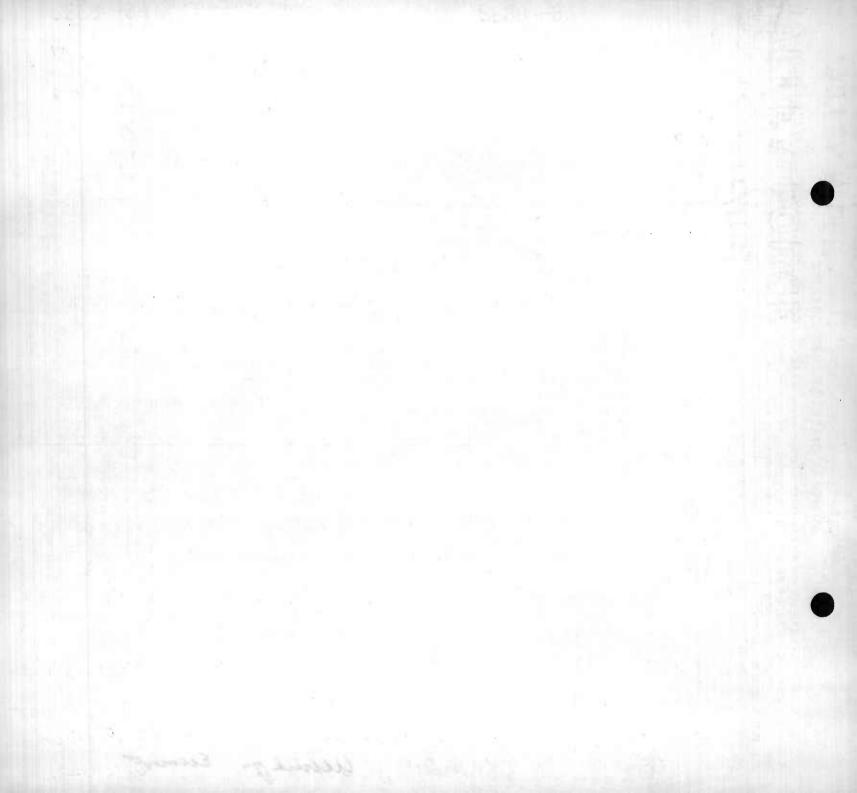
REG NO. 68-8630		REG NO	68-	8630	
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BIRTH NO.			CERTIFICA	IE OF DEATH		00 0000
1. NAME OF DEC					AND HOUR OF DEATH	030 a
	Elizabeth				st 21, 1968	19-P
3. PLACE IN BALT	TIMORE, MARYLAND, V	WHERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (W. A. STATE B. CO	here deceased lived, thin UNTY	stitution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)				Maryland c. city or town	Baltin D. INSI	nore Cory LIMITS?
Hillcre	st Nursing H	ome. Inc		Towson		YES NO
212 Sto	nt Lane	21210		912 Souther1		
Baltimo . sex	re, Maryland		7	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr If Under 24 Hrs
female	cau.	MID OWED	4	May 19, 1875	10st birthdoy 93 Years	Months Doys Hours Min.
		k 108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12, CITIZEN OF WHAT COUNTE
Homemaker	working life, even if retired)	Hom	e	Maryland		U.S.A.
3. FATHER'S NAM		110111		14. MOTHER'S MAIDEN N	IAME	0.5.A.
Chester				Virginia		
	Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT	707	ADDRESS
	(If yes, give wor or dot	es of service)	SECURITY NO. 217-48-2604	Mrs. Mary Web	b, Same as	
DISEASES OF THE DEATH OF THE DE	ICANT CONDITIONS CO H BUT NOT RELATED TO ONDITION GIVEN IN PA	d death.) S any, giving stating the DNTRIBUTING THE TERMINAL RT 1 (A).	(c)	A CONSEQUENCE OF:	N.J. DOD.	
19A. DATE OF		REPORMED	VHICH OPERATION	20A. AUTOPSY? (Yes or	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBU	TING CAUSE OF	21 B. hom etc.)	e, form, foctory, street, of	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If In Boltimor	e City, give exoct locotion)
OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
(APPROX.)		Wor	k	40	1	18
22. I certify	that (1) (this hospita	l) ottended th	ne deceosed from	1900	19 to U	Ug 2/ 19
that (I) (we)	last saw the deceas	ed alive on	Cayr1	1968 ond	that in (my) (our) opl	nion death occurred on the do
ond hour ond	from the couses sta	ted obove. 1) (We) (did) (did not) v	lew the body ofter deot	h.	
23A. SIGNATU		1/2/1	0/7	\		23B. DATE SIGNED
23C. PHYSICIA	Nrs CATE	fre	GEGREE Phys	mding Med. Director 23D. ADDRESS	Staff Phys.	August 21, 1968
NAME (T	ype)	//				
Willia			DEGREE		Ave., Baltimo	
REMOVAL (S Burial			ME of CEMETERY of CR			ity, town, or county) (Stote)
	Aug.24		dlawn Cemeter		Woodlawn, Mar	•
	BY HEALTH DEPT.	258 NAME O	ON FRANKE	m. Cook-B		1050 York Road Towson, Md. 21204
'S 150-REV. 1/1/6						

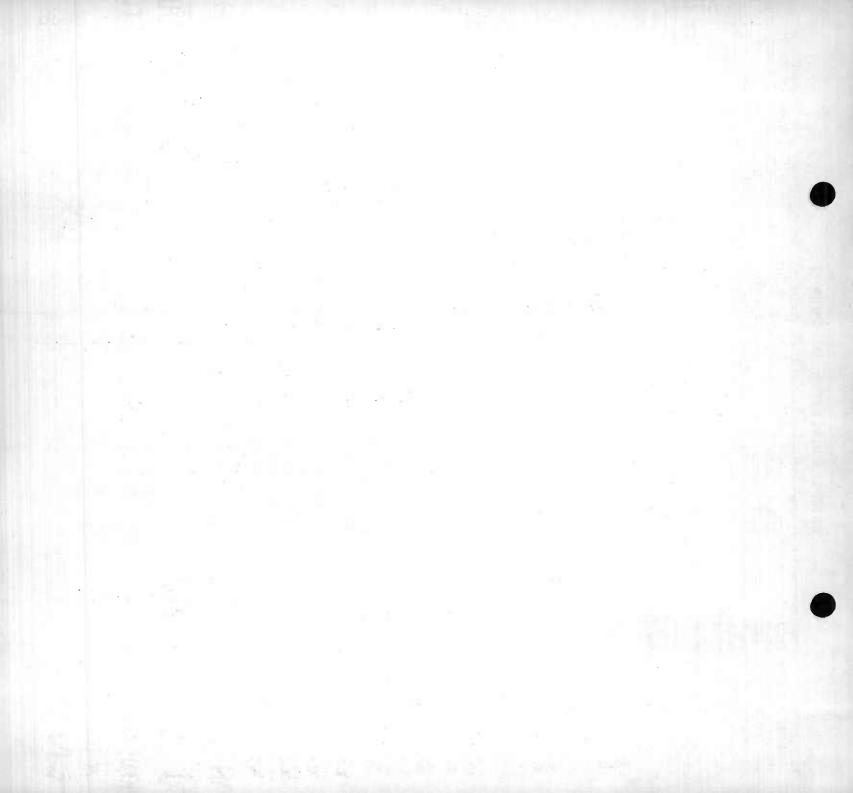
W. J. Hope Commercial Commercial

T	151	1	00 0008	BALTIMORE CITY	HEALTH DEPARTMENT		00	0000
17	D-0-4	DID	68- 8631 H NO.	CERTIFICA	TE OF DEATH	REG. NO	68-	0031
	f death eceased on the h. Such	1. N	AME OF DECEASED TO THE OF PRINT	MIEN	2 PATE AND	HOUR OF DEATH		8P. N
	Dec Dec ath.	3. F	LACE IN BALTIMORE, MARYLAND WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (WILLIAM B. COUNT	deceased lived. If in	stitution; resid	ence before admission)
	a hospita cause of se; (5) Dec indance o to death.	FU HO	L NAME OF SPITAL OR INSTITUTION ADDRESS OF LOCATION)	the land	c. CITY OR JOWN	D. INSI	DE SITY LIMIT	S? NO [
	d ing ding atte	7	2369 Kaslyn live	1.	E. STREET AND NUMBER	Our Car	CI	NO L
	occurre ontribut regular ased p	5. S	Example (Solder WIDOWED X	NEVER MARRIED DIVORCED	B. DATE OF BIRTH 9.	AGE (In years	If Under 1 Months: Da	Yr. If Under 24 Hrs.
	or con ndeteri s in re decea	10A don	USUAL OCCUPATION (Give kind of work 108, KIND OF BU		11. BIRTHPLACE Store or foreig	n country)	0.0	OF WHAT COUNTRY
	if derect o (4) Un was the cisposit	13.	ATHER'S NAME	7	14. MOTHER'S MAIDEN NAM	Piber	/	
ANI	tant e di nd; eath al di	15. Yes	vas Deceased Ever in U. S. Aymed Forces? no or unknown) (If yes, give war or dotes of service)	S SOCIAL SECURITY NO.	17. INFORMANT	1 sofer c	as Sal	DDRESS RF
MPORTA	if the any ki		DISEASE OF CONDITION DIRECTLY	CAUSE OF DEATH	Partie pro	Wn - 31	BETY	APPROXIMATE INTERVAL WEEN ONSET AND DEATH
¥	Also, re of anoun attendanted		LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease,	(A) IMMEDIATE CAU	EXIOTE CALL SE A CONSEQUENCE OF:	HO OF	celle	
OR	niner. fractu o pro gular emba		injury ar camplicolian which coused death,) ANTECEDENT CAUSES	Len	ilit			
IRECT	al exam (3) A (an wh in red		DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	DUE TO, OR AS	A CONSEQUENCE OF:			
ERAL D	medical nedical burns; (3 ohysician an was i	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).					
UNE	chief y a n Body the l ysicie	ERTIFIC	198. CONDITION FOR WH		20A. AUTOPSY? (Yes or No)	IN CERTIFYING CA		
3	y the tal by e; (2) there No ph	CALC	21 A. ACCIDENT WAS UNDERLYING 21 B, PL home, etc.	ACE OF INJURY (e.g., in form, lactory, street, of	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Baltimor	e City, give e	xact location)
	hospi natur ept w d (6)	MEDI	21 D. TIME Month) (Doy) (Year) (Hour) 21 E. IN OF INJURY (APPROX.) While Work	At Mor While	21 F. HOW DID INJU	RY OCCUR?		
	any (exc (exc); an		22. I certify that (I) (this hospital) attended the	deceased from	1968 and tha	168 ta CU	eg / 2	1968
	sed into pita eath		and haur and from the causes stated above. (1) (We) (d/d) (414101) v			238. DATE S	
	releasing hos		Jours / Lavy	DEGREE Phys	Med. Director Director	haff hys.	ling	19-1968
	y was y was 1) An c 3.A. at d prio	244	SURIAL PREMATION, 124B. DATE 124C. NAM	M. DEGREE	3502WK	ETS CUC	I town or c	county) (State)
	s: (od	3	Dural 8-22-68 Ha Date REC'D BY HEALTH DEPT. 258, NAME OF	rmingt	rem Park NA	ghland	Pas	6 md
	the b show was dece		AUG 23 1900 00000	Es talling	Joseph J. Har	But	mine,	ane:





	00 000	BALTIMORE CITY	HEALTH DEPARTMENT		00 0000
0	68-863	3 CERTIFICA	TE OF DEATH	REG. NO	68-8633
	BIRTH NO.	CERTITICA			
	Type or Print JOHN E. WA	LKER	A .	LST 18,196	8, 6:40 P.M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUS	CED DEAD	4. USUAL RESIDENCE (Where do	eceased lived. It institut	ion: residence belare admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	TION, GIVE STREET	MARYLAND C. CITY OR TOWN	BALTIM.	
	MARYLAND GENERAL	HOSPITAL	BALTIMORE E. STREET AND NUMBER	YE	NOM
	78		425 N. LIN	WOOD AV	E 21224
	5. SEX 6. RACE 7. MARRIED WIDOWED	A LAEACK MINKKIED		GE (In years If Mo	Under 1 Yr. If Under 24 Hrs. nths Doys Hours Min.
	tion USUAL OCCUPATION (Give kind of work 10B, KIND OF I	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign		CITIZEN OF WHAT COUNTRY?
	TXAT WASHONINGST	CAR	MASHINGTON	D.C.	USA
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	WALTER A. WAL	KER	ROOT		
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
H	\$ 4- m 1.45m	213-05-7969	WIFE	- S	AME
-	18./ 85 / 1	CAUSE OF DEATH		A	APPROXIMATE INTERVAL
U	DISEASE OR CONDITION DIRECTLY	APENO	CAREINAMA O	F PROSTAT	E 1 VS 17
	LEADING TO DEATH (This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAU	SE A CONSEQUENCE OF:		- I YEAR
	heart failure, astheria, etc. It means the disease, injury or complication which caused death.)	- CEXT	NETA	STASIS	
ı	ANTECEDENT CAUSES	ADENS	CARCINOMA	-1- DOST	2
	DISEASES OR CONDITIONS, if ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:	5 1 2 3 17	1.19
	uise to the obove couse (A) stating the UNDERLYING CONDITION lost.	(c)			
	/22X II	(0)			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	A Lige	PYELONEPI	trens	
1	▼ IDISEASE OR CONDITION GIVEN IN PART 1 (A).	7000,0	(OB. IF YES, WERE FIND	NICE CONSIDERED
	19A. DATE OF OPERATION 19B. CONDITION FOR WWAS PERFORMED	HICH OPERATION		CERTIFYING CAUSES	
	U 27A. ACCIDENT WAS UNDERLYING 7 21B. P	LACE OF INJURY (e.g., i	or about 21 C. WHERE DID	(If In Boltimore City	y, give exact location)
	d DEATH (notify medical examined) etc.)	lorm, lactory, street, of	fice bldg., INJURY OCCUR?		
		NJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
		At Work			
	22. I certify that (1) (this haspital) attended the		JULY 311 19	68 10 AUC	OUST 12, 1968
H	that (I) we lost sow the deceased alive on				
	and haur and fram the causes stated above. (1)				
	23A. SIGNATURE			238	DATE SIGNED
	Charles S. Harrison	M D Atter	nding Med. State	f. 🗹	8-18-68
	23C. PHYSICIAN'S NAME (Type)	DEGUEE	23D. ADDRESS		
	CHARLES D HARRISON	U. M. D. TEGOEF	MARYLAND	GENERAL	- HOSPITAL
	24A. BURIAL CREMATION, 24B. DATE 24C. NA/ REMOVAL (Specily) 24B. DATE 24C. NA/	ME of CEMETERY OF CRE	MATORY 24D. LOCA	- 11	wn, or county) (State)
	BURIAL 8-22-68 OA	K LAWN G	WETERY BA	LTO. Co., Ke	D.
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
	4 10 10 10 10	of the State of the	WLIPICH FOOLE	BALHOME.	DALIO, MD.
. 1	VS 150-REV. 1/1/6B				



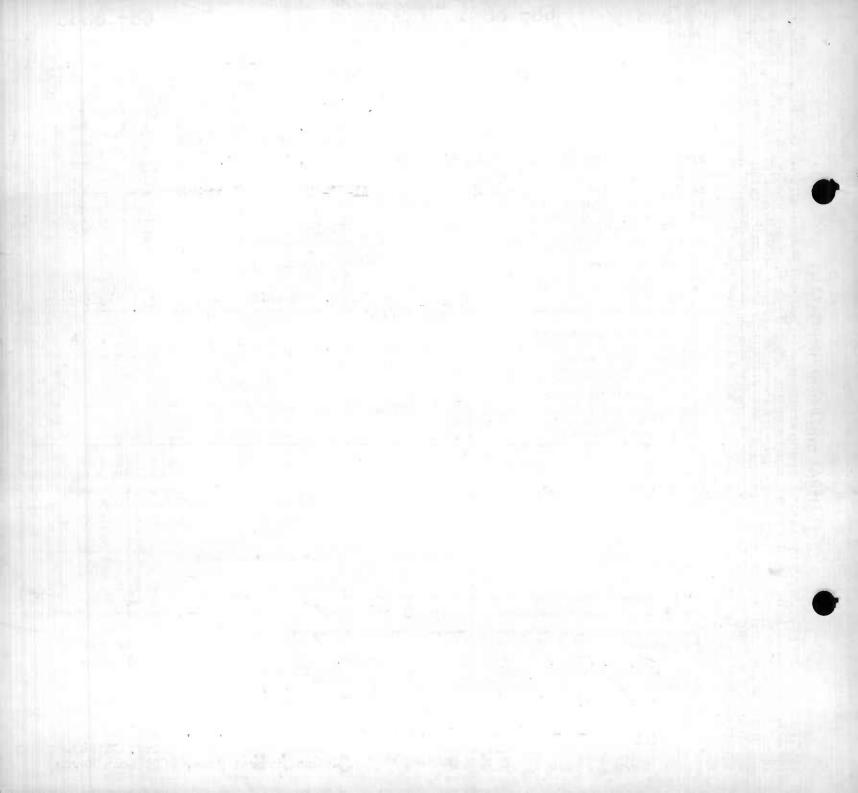
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1 2	BALTIMORE CIT	TY HEALTH DEPARTMENT	0.0
68	- 8634 CERTIFICA	ATE OF DEATH REG. NO.	68-8634
Type or Print)	Fruit T	2. DATE AND HOUR OF DEATH	
Type or Print) RUGGIERIA	10HN J .	Aun, 22, 196	8 9 A.K
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	A. STATE B. COUNTY	nstitution: residence before admis
		1.	1-25
FULL NAME OF (IF NOT IN HOSPIT, HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	Pennsylvania	- 33
NSTITUTION	1.	C. CITY OR TOWN	IDE CITY LIMITS?
THE JOHNS HOPKINS	HOSPITAL	Connellsville	YES NO
GOIN. BROADWAY, P.	NITIMORE	E. STREET AND NUMBER	
golly. Likoling of his	THEITING RE.	207 Perry St.	
MARYLAND		 	T 10 11-3-1 V- 10 11-3 24
	7. MARRIED NEVER MARRIED	I and birds down	Months Doys Hours Mi
MALE WHITE	WIDOWED DIVORCED	6/23/26	
IOA. USUAL OCCUPATION (Give kind of work	108, KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COU
done during most of working life, even if retired)			11 6 0
MECHANIC - AtOM	IC ENG. PLANT.	CONNESTILLE Pa	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
		Angeline Dite	
John Ruggieri		Angeline Ritz	
15. Was Deceased Ever in U. S. Armed For		17. INFORMANT	ADDRESS
Yes, no or unknown) (If yes, give wor or dote	s of service) SECURITY NO.		
		HOSPITAL. RECOR	
18. / G / Y	CAUSE OF DEA		APPROXIMATE INTERVI
DISEASE OR CONDITION DI	RECTLY		
LEADING TO DEATH		AUSE BRAIN TUMOR.	34RS.
(This does not mean the mode of	dving e.g. (A)IMMEDIATE C.		
heart failure, asthenia, etc. It means	the disease,	IS A CONSEQUENCE OF: HTTEMPORAL LOBE ASTROE	
injury or complication which caused	death.)	HT LEMPORAL LODGE HSTROE	YTOMA.
ANTECEDENT CAUSES	0 1		
		AS A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, if		AS A CONSEQUENCE OF:	
rise to the above couse (A) UNDERLYING CONDITION lost.	(C)		
	(0/		
-1/93,0 11			
O OTHER SIGNIFICANT CONDITIONS CO			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR			
19A. DATE OF OPERATION 198. CON	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE	FINDINGS CONSIDERED
AUG. 20, 1968 . WAS PER	BRAIN TUMOR.	Yes (Limited) 208. If Yes, Were Yes (Limited)	USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING			re City, give exact location)
OR CONTRIBUTING CAUSE OF	home, farm, foctory, street,	office bldg., INJURY OCCUR?	ie City, give exoct locotion;
DEATH (notify medical examiner)	etc.)		
21D-TIME (Month) (Day) (Year)	(Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY	While At Not W		
(APPROX.)	Work At Wo		
22 1 - 25 1 - 41 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1 25
22. 1 certify that (I) (this hespital	Λ		Aug 22 196,
that (1) (we) last saw the decease	d alive an 14 UG , 22	19_68and that in(my) (aux) ap	inian death accurred an the
and have and from the causes state	,		
	eu douve, (1) (===) (did) (=+==nat)	view the body after death.	10-0 PATE (15-15-
23A. SIGNATURE			23B. DATE SIGNED
Cohu		Hending Med. Staff hys. Director Phys.	HUG. 22, 196
23 C. PHYSICIAN'S	DEGREE	Abed. Stoff April 23D. ADDRESS The John Hopking Baltimere, Marylan	11.1.1
NAME (Type)	LUISUDN	The John Hopki	ul Hospital,
CHHMOI	ISHUSHNIY.	Baltiniero, Maristan	21200-
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY or C	CREMATORY 24D. LOCATION	city, town, or county) (Sto
REMOVAL (Specify)		/	, 01 60011171 (310
	10 001	10	
312PIAN 8.26	68 ST. GOSEPH	PONNELLS YIL.	LE. PI
BURIAN 8 26	68 ST. DOSEPH	25C, FUNERAL DIRECTOR	ADDRESS 2 12
3URIAN 8 26- 25A, DATE REC'D AY HEALTH DEPT AUG 23 1968	258, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS 2/2
BURIAN 8 26-0 25A. DATE REC'D AVIG 23 1968	258, NAME OF REGISTRAR		ADDRESS 212 BALTIMORE. IV

(Alen T. Brown As Lease As in Comme ... Aug. 22 4 5 5 8

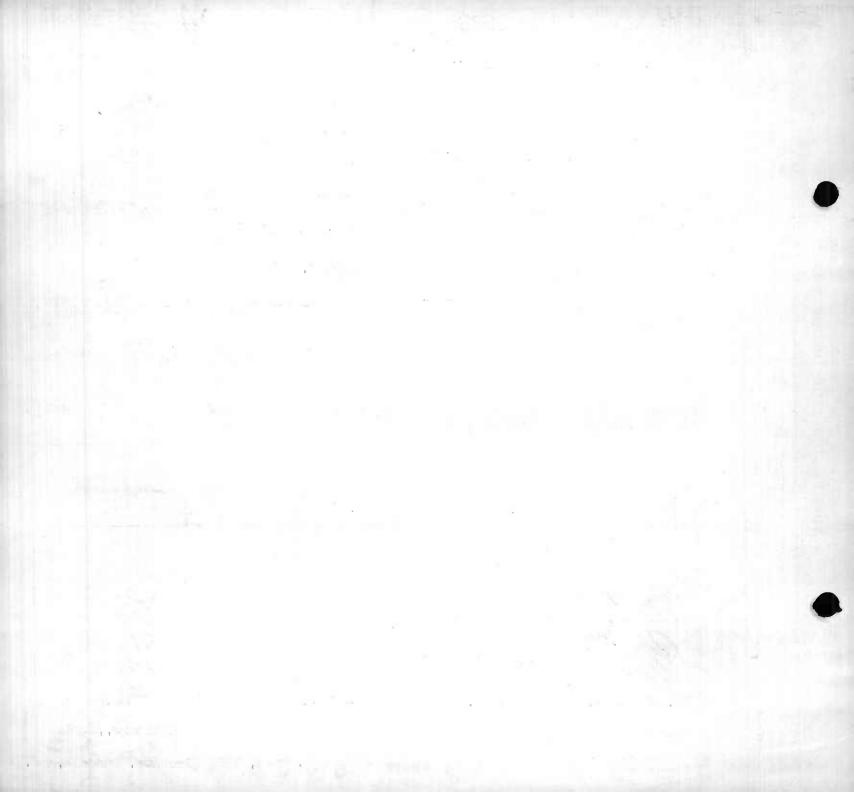
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P-20	86 66	3- 863	35 BALTIMORE CITY	TE OF DEAT	IT REG. NO	68- 8635
BIRTH NO.			CERTIFICA			
1. NAME OF DE	CEASED			2. DAT	E AND HOUR OF DEATH	
	osephine Pecc		INICED DEAD	A LISUAL PESIDENCE	8-21-68	nstitution: residence before admission
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONOL	UNCED DEAD		OUNTY	nsitution: residence actore damission,
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	Maryland		1 200
NOTTUTION	ADDRESS ON LOCA	11011		Balto.	D. IN	SIDE CITY WAITS?
90				E. STREET AND NUMB	ED	YES NO NO
Bolton Ht	11 Nursing &	oneral a	sant Canton	2544 E. Ea		
SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs
Female	White	WIDOWED	DIVORCED [17-29-68	99 30 3753 X	Months Doys Hours Min,
	CUPATION (Give kind of work f working life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote o	r foreign country)	12. CITIZEN OF WHAT COUNTRY
	ewife		Home	Italy		Italy
3. FATHER'S NA	ME	1		14. MOTHER'S MAIDEN	INAME	
Santi C	atanese			Themes	Picco	
5. Wos Decease	d Ever in U. S. Armed For	ces?	1 6. SOCIAL	Theresa	117820	ADDRESS
Yes, no or unknow No	n) (If yes, give wor or date	s of service)	SECURITY NO.	Mrs. Joseph	nine Farace	5612 Greenhill
			218-10-3597		12110 10100	Ave. 21206
1B. af 9	2,31		CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATI
DISEA	SE OR CONDITION DI	RECTLY	a	-t - 1 +	+ ALY NC	1 2
(This does	nat meen the made of	dying, e.g.	(A) IMMEDIATE CAL	ISE aremorely	in Heard Disease	D) 30 years
heart failure	, asthenia, etc. It means	the disease,	DUE TO, OR AS	A CONSEQUENCE OF:		
injury ar ca	mplication which coused	>	X *			
	ANTECEDENT CAUSES	2	(B)			
	OR CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF:		
	he abave cause (A)	siding are) (c)			· · · · · · · · · · · · · · · · · · ·
420	0.011	5	7 2			
O OTHER SIGN	IFICANT CONDITIONS CO	NTRIBUTING	200			
TO THE DEA	TH BUT NOT RELATED TO T	HE TERMINA	} <			
	F OPERATION 198. CON	DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes	or No. 208. IF YES, WERE	FINDINGS CONSIDERED
19A-DATE O	WAS PER	TORMED T	A	018	IN CERTIFIENG CA	AUSES OF DEATH?
U 21A. ACCIDI	ENT WAS UNDERLYING	218.	PLACE OF INJURY (e.g.,	n or obout 21 C. WHERE D	1D (If in Boltimo	re City, givo exact location)
	y medical examiner)	etc.)	e, faim, foctory, street, o	mice blag., INJUKT OCCU	i K:	
21D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DIE	D INJURY OCCUR?	
S OF INJURY			ite At Not Whil			
(APPROX.)		Wo	rk		14	1_
22. I certif	y that (1) (this haspital) attended t	he deceased from Ou		19 60 to Que	9 21 19 08
that (1) (we) last saw the decease	d alive an	augsol 21	19 88 ar	nd that in (my) (our) ap	Inlan death accurred an the dat
and haur as	nd fram the causes sta	red abave. (I) (We) (did) (did nat) v	view the bady after de	ath.	
23A. SIGNAT						238, DATE SIGNED
1	A. D. XIEVANIO	1/4/		ending Mod.	Staff	8/2148
23C, PHYSICI	AN'S	21 11	GEGREE Phy	s. Director L 23D. ADDRESS	☐ Phys. ☐	0 / 1/00
23C. PHYSICI NAME	Type)/	la MAD	200	222 E. Ba	Atimas D8 -	-2/20-
MA PURIAL CO	EAATION 248 DATE	1246	GEGREE		ID LOCATION 10	The force of country (Sec.)
REMOVAL	(Specify)		AME of CEMETERY of CRI			City, town, or county) (Stote)
Buris	8-23-68	Ne	w Cathedral C		Balto. Md.	2 1 2200 h
	D BY HEALTH DEPT.	25B. NAME S	OF REGISTRAR	25C. FUNERAL DIRE		31vd. 2120 ERESS
	AUG 23 1300	Wales of	E Harman	John son Fu	neral Home, 8	521 Loch Raven



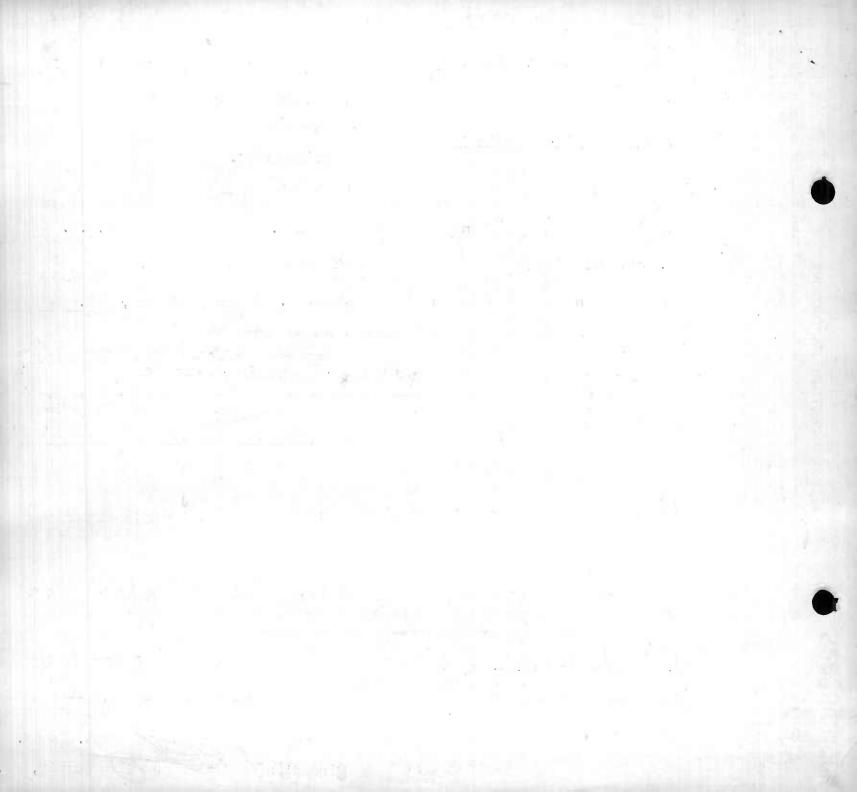
s assistant if death occurred in a hospital and	if the direct or contributing cause of death any kind; (4) Undetermined cause; (5) Deceased	ced death was in regular attendance on the	or final dispasition is made.	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronaunced death was in regular attendance on the	written approval must be obtained before the remains are embalmed or final dispasition is made.	

-	11,		P	BALTIMORE CITY	HEALTH DEPARTMEN	T	68- 8636
	-41	2 6	8- 86	36 CERTIFICA	TE OF DEATH	H REG NO	0000
	H NO.			Chessie A. Cal		E AND HOUR OF DEAT	Н
(Тур	e or Print)	Chessie (alebo	augh	A	vg 22 1968	10:00 Pm
3. P	LACE IN BAI	LTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	A. STATE B. C	Where deceased lived. II OUNTY	institution: residence before admission)
FUL	L NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	MARYLAND	BALTIMO	RE C
INS	SPITAL OR	BALTIMORE CIT		TAIS	C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
-		4940 EASTERN		LALL	Jones Creek	i D	YES NO X
2		BALTIMORE, MA		21224	7357 GEISE		#21219
5. S	EX	6. RACE	7- MARRIED.	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthdoy	tf Under 1 Yr. If Under 24 Hrs. Months! Doys Hours! Min.
F	EMALE	WHITE	WIDOWED	DIVORCED	2-11-98	70	
		UPATION (Give kind of working life, even if retired)	10B, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
gone	Housev				WEST VIRGIN	AT	USA
13. F	ATHER'S NA				14. MOTHER'S MAIDEN		
	Ila	sper Whitecot	ton		Dated by man		
15. \		Ever in U. S. Armed For		1 6. SOCIAL	Dora D. Hil	7	27ADDRESS
Nes	, no or unknows	(If yes, give wor or dote	es of service)	218-26-0073			ALL CONTRACTOR OF THE PERSON O
744						4940 EASTERN	AVENUE-BALTIMORE, MD
	1B. 431			CAUSE OF DEAT	н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEA	SE OR CONDITION DI	RECTLY				
		LEADING TO DEATH		(ANIMAMEDIATE CAL	JSE INTRACE	REBRAL B	LEED 2 chus
		not meon the made at		DUE TO, OR AN	A CONSEQUENCE OF:	4.1	
		asthenia, etc. It means					
		ANTECEDENT CAUSES			LUCEDTE	10012/43	(2) Yazı
				(B)	HYPERTE	5102101N	(1) 1895
		OR CONDITIONS, il		DUE TO, OK AS	A CONSEQUENCE OF:		
		G CONDITION last.	3	(c)			
	33/X	11		40			
		FICANT CONDITIONS CO					the second secon
posts.		TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR					
FIC	19A. DATE O	F OFERATION 198. CON		WHICH OPERATION	20 A. AUTOPSY? (Yes	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
ERTIF	8/2	0/68 BUR	RHOLE	IN SKULL FOR	BAEED YES	YES	
O	21 A. ACCIDE	NT WAS UNDERLYING	216	B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DI Ifice bldg., INJURY OCCU	D (If in Boltim	ore City, give exoct location)
		y medical examiner	etc.				
0	21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
>	(APPROX.)			nite At Not Whi			
	(AFFROA)		We	ork L At Work	/		100
	22. I certify	that (1) (this haspita	1) attended t	- /	8/20	19 6× to	8/22 1968
	that (1) (we) lost sow the decease	ed olive an.	8/22	19 68 on	d that in (my) (our) of	plnion deoth occurred on the date
	and hour on	d from the couses sto	ted obove.	t) (We) (did) (did not)	view the body after dec		
	23A. FIGNAT		17				23B. DATE SIGNED
	17h	1 / () /A	mar la		ending Med.	Staff Z	0/22/68
	22C BHYCICI	replu, //	GJENN	DEGREE Phy	23D. ADDRESS	Phys. L	8/22/00
	NAME (Туре)					
	DR. RO	BERT A. ROSEN	IBAUM, N	D. DEGREE	BCH-4940 EASTI	ERN AVENUE, BA	LTIMORE, MD 21224
24A	BURIAL CRE	MATION, 24B. DATE	24C. N	AME of CEMETERY or CR	EMATORY 24		City, town, or county) (State)
	Buria		8 Oak	Lawn Cemeter	У	Ba	ltimore, Maryland
25A	. DATE REC'D	Alla As		OF REGISTRAR	25C. FUNERAL DIREC	CTOR	ADDRESS
		896Lair Air	Calgo.	to Estach pa	John J. Du		Ave. Dundalk, Md.
				C) _ C) City	0 0 0	9	•



Such

Cherry	7			HEALTH DEPARTMENT	1/	98- 8637
W TO	2 , 68	- 863	7 CERTIFICA	TE OF DEATH	REG NO	6 0001
NAME OF DE					AND HOUR OF DEATH	
Type or Print	0 1	Wile	0 W	1	27 10	1
3. PLACE IN BA	LTIMORE MARYLAND, W			4. USUAL RESIDENCE (W	here eccessed lived. If in	nstitution: residence before admission)
				A. STATE B. CO		4
FULL NAME OF	ADDRESS OR LOCA	AL OR INSTITU ATION)	TION, GIVE STREET	California		TOE CITY LIMITS?
NSTITUTION 2				- And	lora	YES NO NO
The Tol	ns Hopkins	Hospit	al	E. STREET AND NUMBER		
-110 001	oF			4 Triumfo	Dr.	
. SEX	6. RACE	7- MARRIED	NEVER MARRIED X	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
Male	White	WIDOWED	DIVORCED	9/25/65	lost birthdoy)	Months Ooys Hours Min.
A. USUAL OC	UPATION (Give kind of work			11. BIRTHPLACE (State or fe	oreign country)	12. CITIZEN OF WHAT COUNTRY
	f working life, even if retired)	AL		0		11 6 0
None		IV	one	Pennsy.		U.S.A.
3. FATHER'S NA	AME			14. MOTHER'S MAIDEN N	IAME	
Edn	nund C. Wilc	OX		Katherine M	Mein	
. Was Decease	d Ever in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	None		None	Edmund R. II	ilcox An	dora. Cal.
18.5	7 7		CAUSE OF DEAT			APPROXIMATE INTERVAL
176	/		<u> </u>	position o	I the	BETWEEN ONSET AND DEATH
DISEA	ASE OR CONDITION DI	RECTLY	1 rans	POSITION O	4 105	- 1 41
(7)	LEADING TO DEATH	. *	(A) IMMEDIATE CAL	ISE a reat	Vessel	> from birth
	not meon the mode of , asthenia, etc. It means		DUE TO, OR AS	A CONSEQUENCE OF:	0	100
	mplication which caused		pest	- of Mustan	ed broccy	are
	ANTECEDENT CAUSES			100		
DISEASES	OR CONDITIONS, if	ony giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:		
rise lo 1	he above cause (A)					
UNDERLYIN	IG CONDITION lost.		(c)			
754	· 7 II				4	
	IFICÂNT CONDITIONS CO ATH BUT NOT RELATED TO TI					
DISEASE OR	CONDITION GIVEN IN PAR	IT 1 (A).				
	PE OPERATION 198. CON		VHICH OPERATION	20 A. AUTOPSY? (Yes or	IN CERTIFYING CA	FINDINGS CONSIDERED
18 79		ns posit	row grout Ucos	de lea	NO	
OR CONTRI	ENT WAS UNDERLYING TO CAUSE OF	21B.	e, farm, factory, street, or	n or obout 21 C. WHERE DID	(If In Baltimo	re City, give exact lacation)
DEATH (notif	ly medical, examiner	etc.)				
21D. TIME	(Month) (Day) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
(APPROX.)		Whi	le At Not While	е		
		Wor			161	0 137 651
22. I certif	y that 🕽 (this haspital	l) ottended th	e deceased from	8/21	1968 10	8 23 1968
that # (we) last sow the decease	d alive on	8 23	19 6 8 ond	that in (our) opi	inion death occurred on the dot
ond hour o	nd from the couses sto	ted above.	(We) (did) (did) v	iew the body ofter deat	h.	
234 SIGNAT						23B. DATE SIGNED
1	(11)			nding Med.	Staff Phys.	8/12/15/
23C. PHYSICI	ANS WA	- DIA	TVI DEOREE PHY	s. Director	rnys. 4	10/02/68
NAME			_	71 11	1-	01.11
181	VIEL WE	<182	DEGREE	Johns &	TOPKINS	HOSPITAL
AA. BURIAL CR	EMATION, 248, DATE (Specify)	24C. NA	ME of CEMETERY OF CR	MATORY 24D.	LOCATION (C	city, town, or county) (State)
Burial		Q Mes	t_Laurel Hil	1 Comptony	Bala Cvawyd	Mont. Penna.
5A. DATE REC'			t Laurel Hil	1 Cemetery		ADDRESS
	1900 In 1900	Levels.	E. Milyte MA	0 6: 41-52	_ () =	Oldo Bunnie A
		1	0 0	Singreton	uneral Hom	ne Blen Burnie, M
S 150-REV. 1/1	/6B					



68- 8638 BALTIMORE CITY HEALTH DEPARTMENT

		00	2000
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	68-	8638

BIE	TH NO.		MEL	ICAL	LAF	MINING S	CLKIIII	CAILO	DLAII	REG. NO			
	NAME OF DEC	EASED					2. DATE	Knawn 🗆	Month	Day	Yeor	Haur	
(Tys	pe or Print)	SH	IRLEY				OF DEATH	Estimoted [)				М.
	PLACE IN BALT						3. DATE	UNCED DEAD	Month	Doy	Year	Haur	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION					August 23, 1968 11:05 P								
	00	1000	Jack	Stree	t			Maryland		B. COUNTY			
6.		7. RACE		8. MARRI	IED 🗆 N	NEVER MARRIED	C. CITY O			D. INSIDE	ITY LIMITS?		-11
Female White WIDOWED DIVORCED					Baltimore	2		res 🔝	No -	Marghin			
9. [Oct.1		10. AGE (I			1 Yr. If Under 24 Hr Days Haurs Mil		900 Jack	Street				/
11.	BIRTHPLACE (SI		n country)		12. CITIZ	ZEN OF	13. FATHE		J Snek	ovsky	Ja c		
	USUAL OCCUP e during mast of w			14B. KIND	OF BUS	INESS OR INDUST		er's MAIDEN N		n			
16.	WAS DECEASE	D EVER IN	U.S. ARMEI	FORCES	? 17	SOCIAL	18. INFOR				ADDRESS		
(Ye	s, na ar unknawn)	(Il yes, give w	ar ar dates	al service)		SECURITY NO.		Catherin	e Quinla			y Ct 2	1225
-	No. 19.	-1/				CAUSE OF DE						PPROXIMATE IN	
	440	1						mrs a and	inl fibr	onio	BET	WEEN ONSET A	ND DEATH
		OR COND		CTLY		E2	rensive	myocard	rar ribi	.0515			
	(This does no heart lailure,	at meon the asthenia, etc.	made of dy	e disease,		(A)IMMEDIATI DUE TO, O	R AS A CONSE	QUENCE OF:	i di C C di specifici di la lacini C di C di C di C			ns, agus som som selv-sken sken sken sken sken sken sken sken	e died mad 400 400 400 400 400 400 400 4
	injury or com	plication which	h caused de	ath.)									
	AN	ITECEDENT	CAUSES			(8)							
	DISEASES O	R CONDITIO	ONS, IF AN	Y, GIVING		DUE TO, O	R AS A CONS	QUENCE OF:					
	RISE TO THE UNDERLYIN	G CONDITI	JSE (A) STA ON LAST.	TING THE		4.3							
O	17 6 6 6					(C)							
CERTIFICATION	OTHER SIGNI	FICANT CON	RELATED TO	THE TERM									
ZTI	20A. DATE OF				FOR WH	ICH OPERATION	WAS PERFOR	MFD			21. AUT	OPSY? (Yes	ar No)
CE	7											Yes	
AL	22A. EXTERN	VAL CAUSE	MAC		228 DI A	CE OF INJURY(e.	a in as about	22C WHERE DI	D /If in Raltimor	a City siya a			
EDICAL	UNDERLYING UTING CAL	OR CON	TRIB-	5.5	home, for	rm, factory, street, at	lice bldg., etc.)	INJURY OCCUR	?	e Cily, give e	xocr roculion)		
Σ	22D. TIME (ay) (Yea	r) (Hour) 22E,	NJURY OCCURRE		22F. HOW DID	INJURY OCCU	JR?			
	(APPROX.)				m. WHIL		WORK						
	23.	fy that I h	eld on	Inquiry [7 .		Autopsy X	and that or	this bosis,	death in m	v opinion		
		ed from: N	1	199				lomicide		ned manner			
	result			0	Acci	3010	ide 🗀 T	CHIEF MEDICA					
	ACTUAL SIGNATU	IRE	low.	11.	9	get "	ASS	SISTANT MEDICA				DATE SIGN	NED
	EXAMINE NAME (T	CII	arles	S. Sp		ate, M.D.		OCIATE MEDICA	L EXAMINER	□ A	ugust !	24, 196	58
	A. BURIAL CREM MOVAL (Specif		48. DATE			NAME of CEMETER		ORY 24	D. LOCATION		wn, or county	() (Sta	ie)
_	Burial		8/27/	/68		edar Hill			AA	Co M			
25	A. DATE REC'D	AUG Z	1968	25B. N	AME OF	REGISTRAR	250.	FUNERAL DIRE	FL	v37.	ADDRESS		ane
VC	161 DEV 1/1/40			764	W.J.J	- CULIOUS	XII	- mel	11.170	101	fare	Rose	
v 5	151-REV. 1/1/68			1	0	0 0	0	0 0 1	2		1	1/2	NS

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68 - 8639 baltimore city health department

68-8639

BIRTH NO.	MED	DICAL	EXAMINER'S	CERTIFIC	CATE OF	DEATH	REG. N	10	
I. NAME OF DE	CEASED	W		2. DATE	Knawn X	Month	Doy	Yeor	Haur
(Type ar Print)	CHARI	LES S	EIPP	OF DEATH	Estimated 🗌	August	24,	1968	
4. PLACE IN BA	LTIMORE, MARYLAND,	WHERE PRO	NOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTI	TUTION, GIVE STREET	PRONOU	NCED DEAD	August	24.	1968	6:00 P.
OR INSTITUTION	ADDRESS OR LOCA	4110147			SIDENCE (Whe	re dece osed lived	. If institu	tion: residence l	before odmission)
	Mercy Hospit	-a1	(DOA)	A. STATE	Maryland		COUNT	Y	-
S. SEX	7. RACE		ED NEVER MARRIED	C. CITY OR			. INSID	OTY WAITS	07
Male	White	WIDOW			Baltimor		0	YES X	No.
DATE OF BIRT		1	If Under 1 Yr. If Under 24 Hrs.	E. STREET A	ND NUMBER	.6	-	TES LA	NO L
Aug. 31,	lost birthde	Dy)	Months, Doys, Hours, Min.			kson Str	eet		
1. BIRTHPLACE	State or foreign country)	1	2. CITIZEN OF	13. FATHER'S	NAME				
	o. Md.		WHAT COUNTRY?	Geo	rge Seip	p			
4A.USUAL OCCL	UPATION (Give kind of work	148. KIND	OF BUSINESS OR INDUSTR	Y 15. MOTHER	'S MAIDEN NA	ME			
	working life, even if retired) c- Retired		nip Yard	Man	v Unknow	~			
6. WAS DECEAS	SED EVER IN U.S. ARME	D FORCES?	17. SOCIAL	18. INFORM				ADDRESS	
2.7	(If yes, give wor or dates	of service)	SECURITY NO.	Mrs. L	ula F. S	eipp	1343	Jackson	St.
NO 19. 4/	2 0		CAUSE OF DEA					AF	PROXIMATE INTERVA
110	KI XV				d arteri	ocoloret	10	BETW	VEEN ONSET AND DEA
DISEAS	SE OR CONDITION DIRE LEADING TO DEATH	ECTLY				losclerot			
(This does	not mean the made of d	ying, e.g.,	(A)IMMEDIATE (AS A CONSEQU		vascular	als	ease	
heort follure	e, osthenio, etc. It meons the implication which coused de	e diseose,	55210, 58	A CONTIG	JEN GE OV.				
DISEASES	NTECEDENT CAUSES OR CONDITIONS, IF AN	Y, GIVING	(B)	AS A CONSEG	UENCE OF:				
UNDERLYI	IE ABOVE CAUSE (A) STA NG CONDITION LAST.	ATING THE	(c)						
9443	<i>X</i> II		(7/						
OTHER SIG	NIFICANT CONDITIONS CEATH BUT NOT RELATED TO	THE TERMI			• ####################################				
20A. DATE O	F OPERATION 20B. CO	NDITION F	OR WHICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes or No)
0/2									Yes
UNDERLYING	RNAL CAUSE WAS	2	2B. PLACE OF INJURY (e.g., some, form, foctory, street, office	in or obout 22 e bldg., etc.) IN	C. WHERE DID JURY OCCUR?	(If in Boltimore	City, give	exoct locotion)	
	Month) (Doy) (Yes	or) (Hour	22E.INJURY OCCURRED	2:	F. HOW DID 1	NJURY OCCUR	?		
(APPROX.)				WHILE					
23.			m. WORK AT V	VORK L					
	tify that I held on	Inquiry [Inspection Au	topsy XX	ond that on	this basis, de	oth in	my opinion	
resul	Ited from: Notural car	\	Accident Suicie		micide 🗌	Undetermine	d monn		
1030	O 7	10	0		HIEF MEDICAL		7		
ACTUAL		37.	I you M.		TANT MEDICAL	F-1	j		DATE SIGNED
EXAMIN NAME (NER'S Charles	s S. S	pringate, M.D.	ASSO	CIATE MEDICAL	EXAMINER [August 2	25, 1968
24A. BURIAL CRE	MATION, 248. DATE		24C. NAME of CEMETERY	or CREMATO	RY 240	LOCATION	(City,	lown, or county) (Stote)
REMOVAL (Spec	al 8 28 6		Meadowridg	e		Dox	sey,	Md.	
	BY HEALTH DEPT.	258. NA	ME OF REGISTRAR	25C. F	UNERAL DIREC			ADDRESS	
	ALIC 9 6 1000	A A	and other flowers		Ma (31177-	7.0	A = -	

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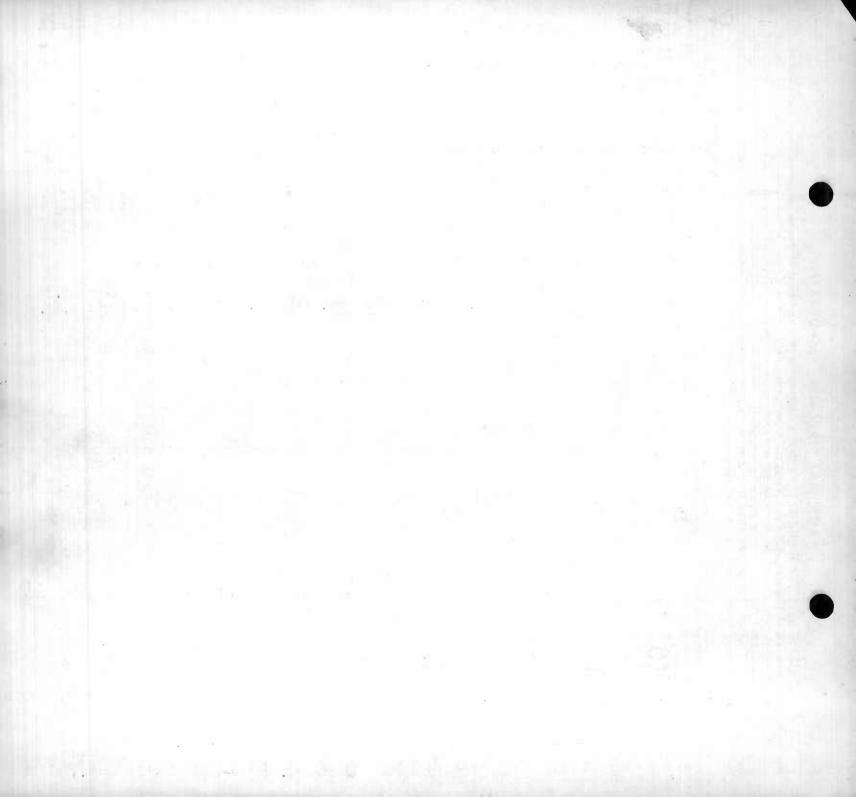
a hospital and

BALTIMORE	CITY	HEALTH	DEPARTMENT

68- 8641 CERTIFICATE OF DEATH

REG. NO.	68-	8641

BIRTH NO.	ALL OF DEATH
NAME OF DECEASED	2. DATE AND HOUR OF DEATH
Type or Print) LOTTIE M. SVORWOOD MACK	8-18-68 3.00 pm
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A, STATE B, COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	MARYLAND A.a.C. 52-00
OSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
1.0	BALTIMORE VES NOT
Morth Charles General Hospital	E. STREET AND NUMBER
7 Not an onaries deneral mospital	3918 JACK ST. 210 21225
SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months! Days Hours! Min.
F WIDOWED DIVORCED	1-19-80 49
DA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR one during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
HOUSE WIFE	MARYLAND USA
S. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
FRANKLIN BRASLEY	
Treated to the second s	ELIZABETH KRISER
. Was Deceased Ever in U. S. Armed Farces? es,na or unknown) (Iff yes, give wor or doles of service) 16. SOCIAL SECURITY NO.	17. INFORMANT 4 Wendslow Rd.
No - 213-48-998	3 Mrs. Alice E. Scrivnor, Lutherville, Md.
18. 1 CAUSE OF DEA	
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES	PRINCREPS.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR A DUE TO, OR A DUE TO, OR A	PANCKEPS.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (B) DUE TO, OR A	PANCREAS.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION tost. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	PANCREAS.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	PANCREAS.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION tost. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED (B) DUE TO, OR A (C) 197-29-68 WAS PERFORMED TO SHOW SICE	S A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED WAS PERFORMED OR CONTRIBUTING CAUSE OF CAUSE OF	S A CONSEQUENCE OF: [20A. AUTOPSY? (Yes or No)] 20B. IF YES, WERE FINDINGS CONSIDERED
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? in ar about 21C. WHERE DID affice bldg., INJURY OCCUR? (If in Baltimare City, give exact lacation)
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OR CONTRIBUTING CAUSE OF OR CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF CON	PRINCEPS. S A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? In ar about 21C. WHERE DID affice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	S A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? in ar about 21 C. WHERE DID affice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTING OR CONTRIBUTION OR CONTRIBUT	S A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? in ar about 21C. WHERE DID affice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?
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deceased written 8/26/68 Mt Auburn Cemetery Ba shows: Burial Balto. . Md. SD 25A. DATE REC'D BY HEALTH DEPT. the 3 Wm C. March 928 E. North Ave. VS 150-REV. 1/1/68

68-8642

9:00 P.M.

If Under 24 Hrs.

NO

Hours'

APPROXIMATE INTERVAL

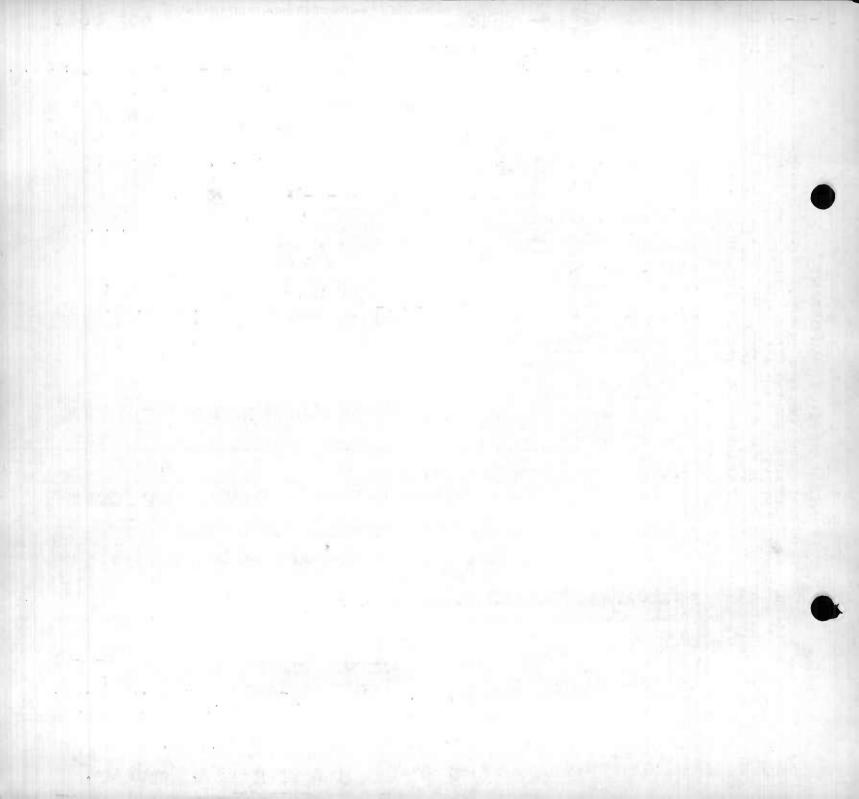
BETWEEN ONSET AND DEATH

ADDRESS

007

Days

U.S.A.



Purposage for ends

September 1	-	

BIRTH NO.	MEL	ICAL EX	AMINER 5	LEKIIFI	CATE OF	DEAT	REG. NO		0011
I. NAME OF DEC	FASED =			2. DATE	Knawn XX	Manth	Day	Year	Haur
(Type or Print)				OF		8	23	68	
	FRANCES BASS		INIOTA DEAD	DEATH	Estimoted L				3:30 a M.
	TIMORE, MARYLAND, V			3. DATE	UNCED DEAD	Month	Day	Year	Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)				FRONO	DINCED DEAD	Augus	+ 23	1968	3.30 a M.
OR INSTITUTION				5. USUAL R	ESIDENCE (Where				etare admission)
	V T		D O A	A. STATE			B. COUNTY	X	
6. SEX	7. RACE	lospital	D.O.A.	C. CITY OR	Maryland		D. INSIDE CH	MALIANT SO	—
o. JEA	/. RACE		NEVER MARRIED	C. CITT OK	101114		0.11		4
Female	Colored	WIDOWED			alto.		YE	s 🔲	NO
9. DATE OF BIRTH	H 10. AGE (I		der 1 Yr. If Under 24 Hrs. is Doys , Hours , Min.	E. STREET	AND NUMBER				
June 28.		. /			26 S. Exe	eter St	-		
/	itate or foreign country)	12. CI	TIZEN OF	13. FATHER					-
Maryla	and	W	HAT COUNTRY?	Wann	iam Tomm				
	PATION (Give kind af wark	148 KIND OF B	LISINESS OR INDUSTR	VI 15. MOTHE	R'S MAIDEN NAM	ME ME			
done during mast of w	vorking life, even if retired)	THE CALL	OSTITEDS ON THEODY						
					e Butler	?			
Yes no or unknown	ED EVER IN U.S. ARMEI (If yes, give war or dates	of service)	17. SOCIAL SECURITY NO.	18. INFOR	MANT		AD	DRESS	
(,				Will	iam R. (larter	26 S.	Exte	er St.
19. 1/1	2.44		CAUSE OF DEA					AP	PROXIMATE INTERVAL
7				100					EEN ONSET AND DEATH
	E OR CONDITION DIRE	CTLY	Arterio	osclero	tic cardio	ovascu.	lar dise	ase	
	LEADING TO DEATH		(A)IMMEDIATE						
(This does n	at mean the made of dy , asthenia, etc. It means the	ing, e.g., disease,	DUE TO, OR	AS A CONSEC	UENCE OF:				
injury or com	aplication which coused de	ath.)							
				51					
	NTECEDENT CAUSES OR CONDITIONS, IF AN'	CIVING	(B)	AS A CONSE	OUENCE OF:				
RISE TO THE	E ABOVE CAUSE (A) STA	TING THE	562 10, 61	AS A CONSE	GOENCE OI.				
UNDERLYIN	G CONDITION LAST.		(c)						
0 100	7 11								
OTHER SIGN	IFICANT CONDITIONS C	ONTRIBUTING							
O THE DEA	ATH BUT NOT RELATED TO CONDITION GIVEN IN P.								
	OPERATION 208. CO		WHICH OPERATION W	AS PERSONA	AFD			21 AUTO	PSY? (Yes or Na)
A DAIL OF	OTERATION 200. CO	ADIIIOIA FOR V	VIIICH OFERALION W	MS FERFORM	(LD			II. AUTO	(3); ()
									No
	NAL CAUSE WAS	228. PI	LACE OF INJURY(e.g., form, factory, street, office	in or obaut	NULLEY OCCUPS	(If In Baltima	re City, give exoc	t location)	
O UNDERLYING	USE OF DEATH.	nome,	iorni, racios y, sireei, onic	Le brag., erc.)	NOOK! OCCOR!				
≥ 22D. TIME		r) (Hour) 22	E.INJURY OCCURRED		2F. HOW DID IN	JURY OCC	UR?		
OF INJURY			HILE AT NOT	WHILE					
(APPROX.)		m. W	ORK ATV	VORK					
23.							1. 1.		
I cert	ify that I held on I	nquiry L	Inspection XX Au	itopsy 🔲	ond that on the	his bosis,	deoth in my	opinion	
result	ted from: Natural cau	ses XX Ac	cident Suici	de 🔲 H	omicide	Undetermi	ned manner L		
			. /		CHIEF MEDICAL I	EXAMINER			DATE CICALED
ACTUAL		W Van	11-	ASS	STANT MEDICAL	EXAMINER	xx		DATE SIGNED
SIGNATI		n prod	M.I.).					
EXAMIN				ASSO	OCIATE MEDICAL I	EXAMINER			22 1069
NAME (I	ype) Ronald N.	Kornblug	M.D.	CREMATA)PV 040	LOCATION		ugust	
24A. BURIAL CREA		240	NAME of CEMETERY	or CKEMAI	240.	LOCATION	(City, town,	or county,	(31016)
	0/07	GO MH	t Auburn C	ameter	T Re	lto	Md.		
Burial	BY HEALTH DEPT.		OF REGISTRAR		FUNERAL DIRECT			DRESS	
A A	116 26 1968	10 Br	to land		0				
77	- 1506 /	APPRICATE A	A STATE OF THE PARTY OF THE PAR	Wm	C March	928	E. Nor	th. As	70.

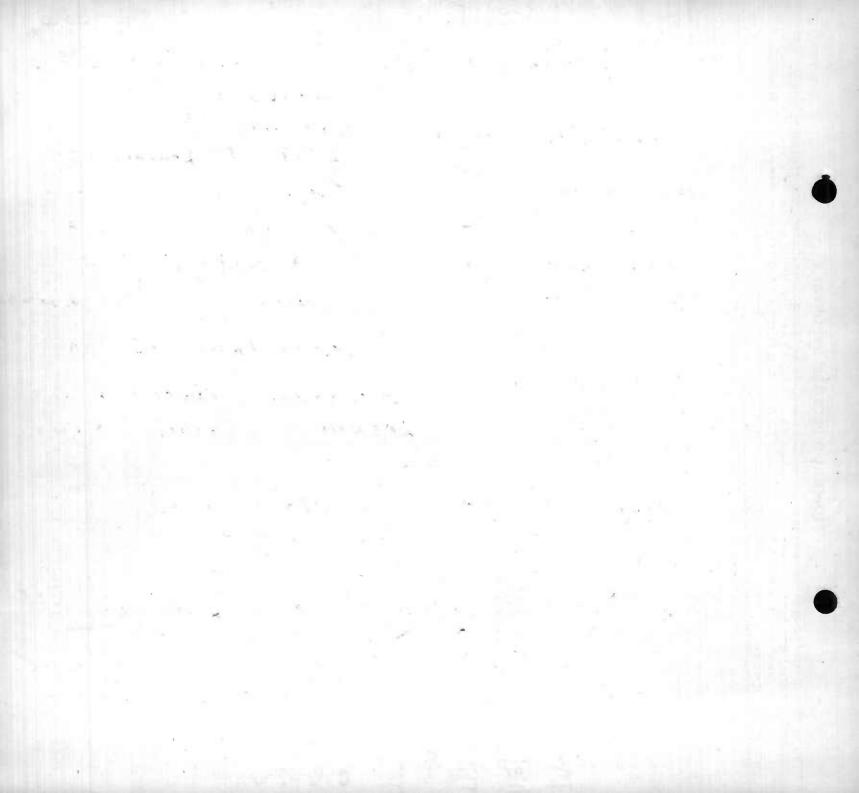
Total B. Barrille,, S.A.

RE	CITY	HEALTH	DEPARTMENT	

68-	8645
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MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO	0040					
BIRTH NO. COL - 2280 0		v E.					
(Type or Print)	OF Street Access 24 106	Year Haur					
SHERON MC COY 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted August 24, 196 3. DATE Month Day	Year Hour					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD August 24, 196	8 2:15 P. M.					
Johns Hopkins Hospital	S. USUAL RESIDENCE (Where deceased lived. Il institution: r A. STATE Maryland B. COUNTY	residence before odmissian)					
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY	LIMITS					
Female Negro WIDOWED DIVORCED	Baltimore YES	NO D					
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. last birthday) Manths, Days, Haurs, Min.	E. STREET AND NUMBER	22 2036					
Oct 26, 1966 2 Manths, Days, Haurs, Min.	1832 N. Durham Street						
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME						
Maryland 14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	Leon McCoy						
dane during most of working life, even if retired)	Name of the second seco						
16. WAS DECEASED EVER IN U.S. ARMED FORCES? [17. SOCIAL	Catherine White	DRESS					
(Yes, no or unknawn) (If yes, give wor ar dates of service) SECURITY NO.							
19. 7 / 9 CAUSE OF DEA		olbrook St.					
CAUSE OF DEA	,	BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH							
(This does not mean the mode of dylng, e.g.,	ause Malnutrition As a consequence of:						
heort failure, asthenia, etc. It means the disease, injury ar complication which caused deoth.)	as a constant to the						
ANTECEDENT CAUSES (R)							
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:						
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA							
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED	21. AUTOPSY? (Yes or Na)					
	The second secon	Yes					
	in ar about 22C. WHERE DID (if in Baltimore City, give exact						
UNDERLYING ☐ OR CONTRIB- UTING ☐ CAUSE OF DEATH. 22D. TIMF (Magsh) (Day) (Year) (Haur) 22E IN HTRY OCCURRED	e bldg., etc.) INJURY OCCUR?						
	22F. HOW DID INJURY OCCUR?						
OF INJURY (APPROX.) MHILE AT NOT WHILE AT WORK AT WORK							
23. I certify that I held an Inquiry Inspection Autopsy (A) and that an this basis, death In my apinion							
resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner							
CHIEF MEDICAL EXAMINER							
ACTUAL ASSISTANT MEDICAL EXAMINED TO DATE SIGNED							
SIGNATURE M.D. EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER Aug	ust 25, 1968					
NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)							
Burial 8/28/68 Mt Auburn	Cemetery Balto., Md.						
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR		DRESS					
80 mm A = 1 0 T 0 mm	Wm C March 928 E. Nor	th Ave.					

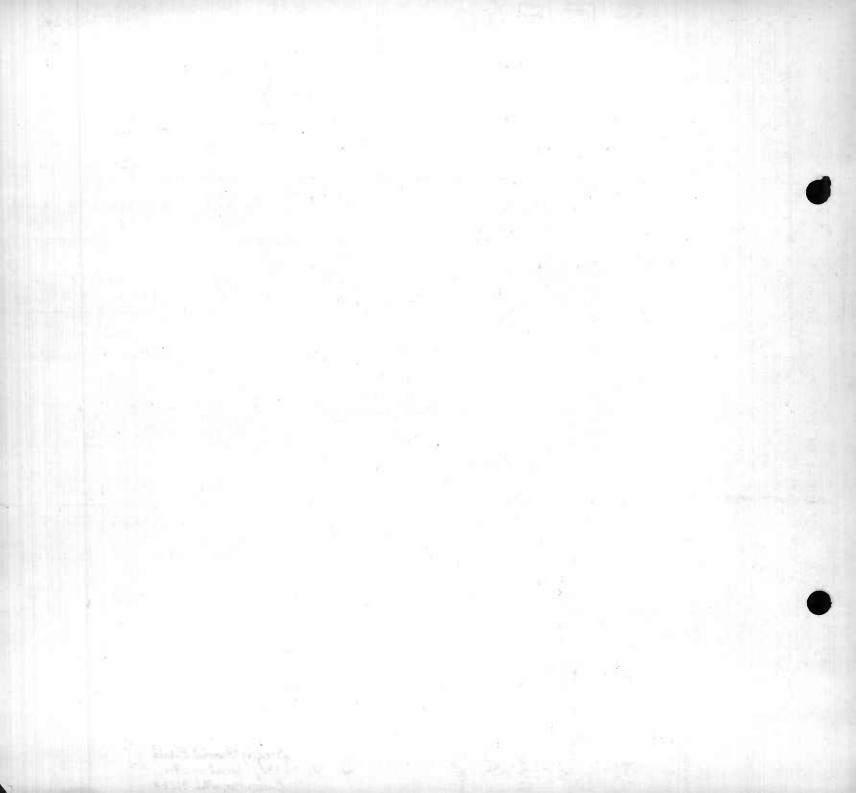
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IMPORTANT

DIRECTOR:

FUNERAL



VS 150-REV, 1/1/68

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FUNERAL DIRECTOR:

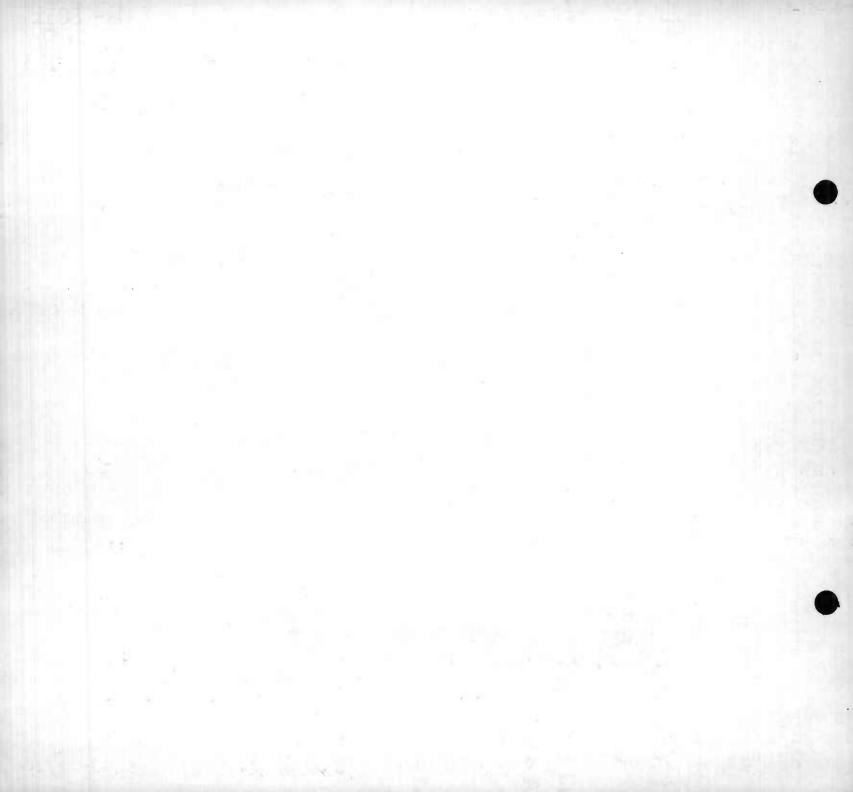
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BALTIMORE CITY HEALTH DEPARTMENT

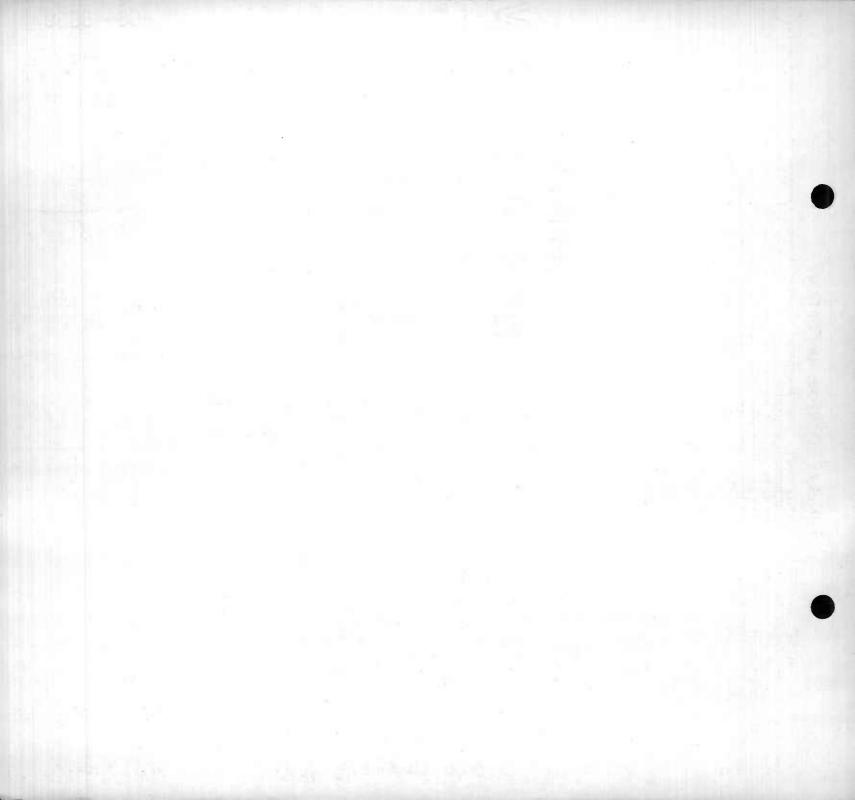
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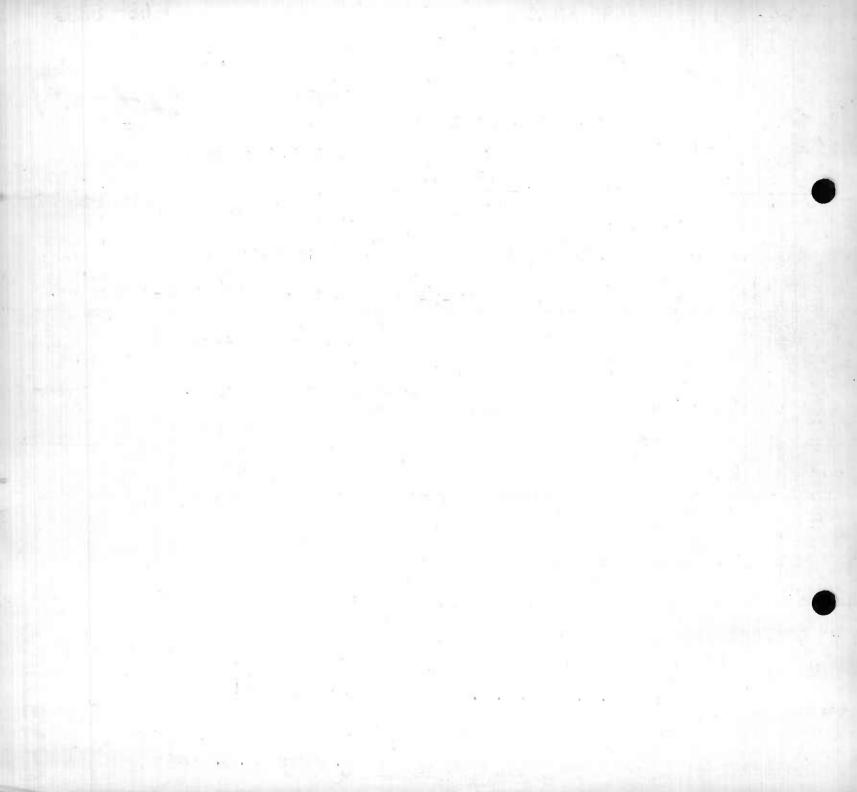
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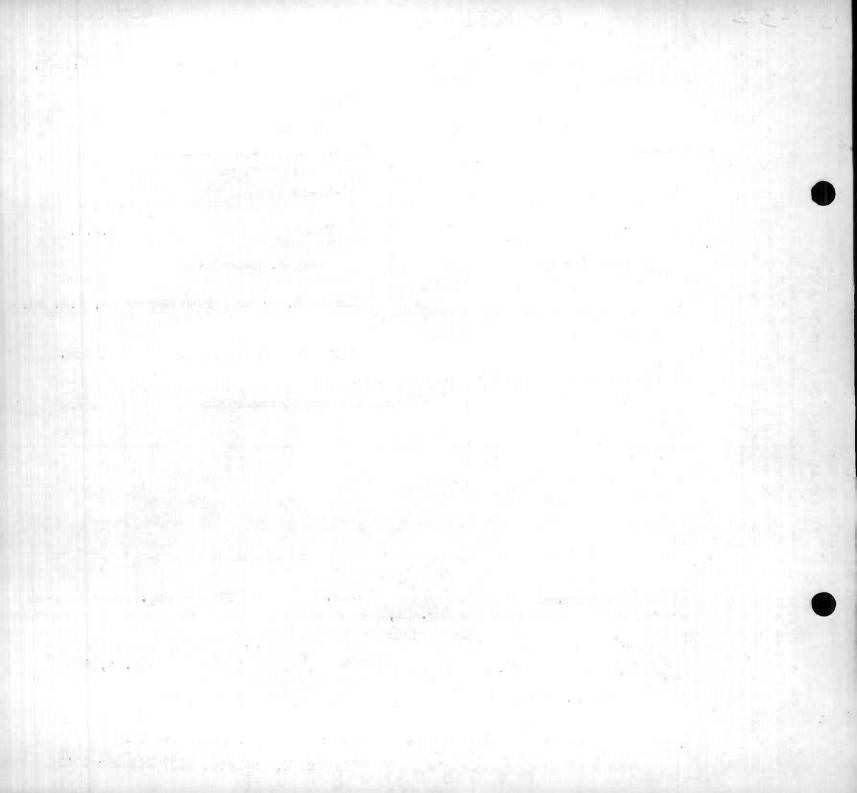
D. INSIDE CITY LIMITS? YES L NO POTOMBC If Under 1 Yr. If Under 24 Hrs. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exact location) ...and that in(my) (our) apinion death accurred on the date



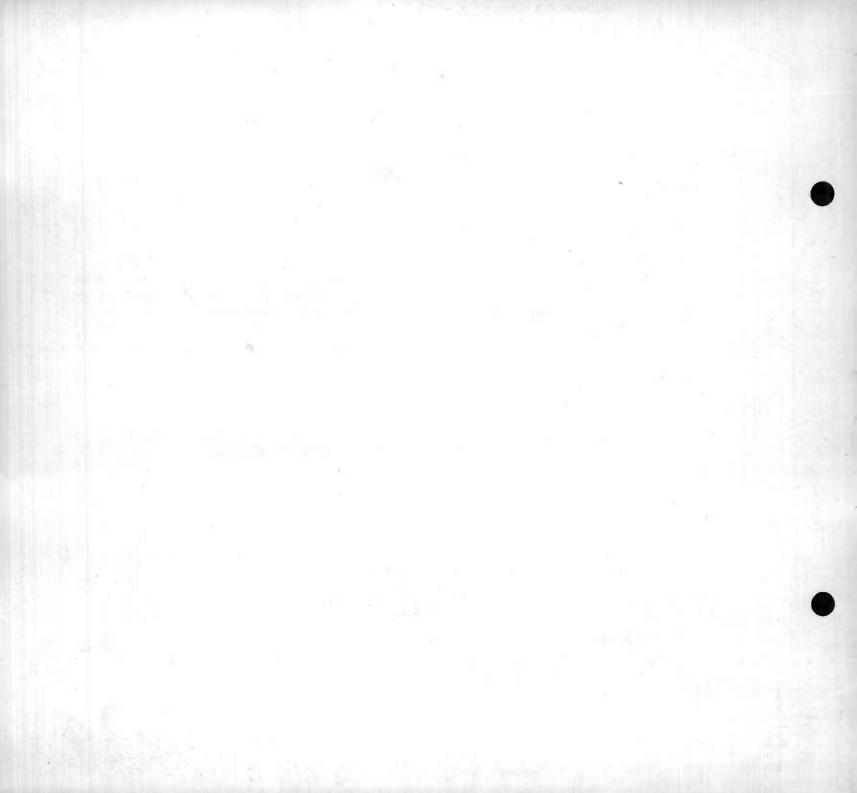
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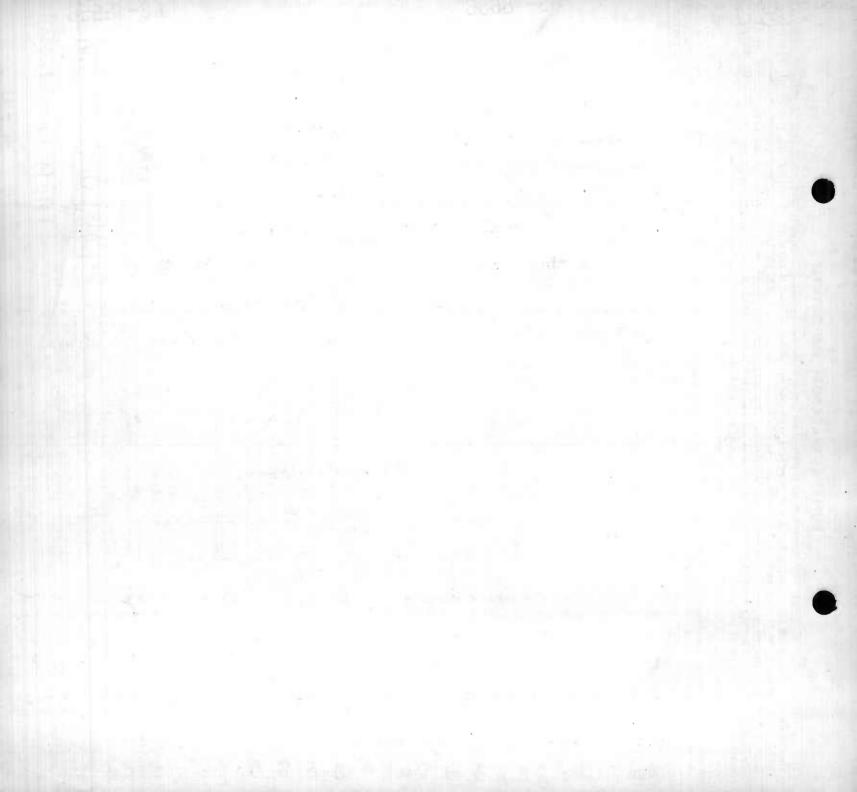
	68-8653	2		HEALTH DEPARTME		68-8653		
BIRTH NO.	00 0000	,	CERTIFICA	TE OF DEAT				
1. NAME OF DE (Type or Print)	Lewis Perry Cr	reel			re and hour of DEA	TH M.		
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE A. STATE B.	(Where deceased lived, I	f institution: residence before odmission)		
FULL NAME OF	OSPITAL OR ADDRESS OR LOCATION)			Maryland O 4 - 0 4				
INSTITUTION				C. CITY OR TOWN		SSIDE CITY LIMITS?		
21				Baltimore YES NO				
01					iams Street			
5. SEX	6. RACE White		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
Male		WIDOWED				12, CITIZEN OF WHAT COUNTRY		
one during most o	OA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY lone during most of working life, even if retired) Pipe Fitter Steel			Virginia	or loreign country)	USA		
3. FATHER'S NA		reel		14. MOTHER'S MAIDE Nettie Vi	N NAME irginia Gray			
	ed Ever in U. S. Armed Ford		1 6. SOCIAL	17. INFORMANT		ADDRESS		
	(If yes, give wor or dote:		231-30-4039		City Hospital	L - Eastern Ave.		
18. 4/	0.9		CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
DISE	ASE OR CONDITION DIR	ECTLY		3634-3	Tufamation	SEPTICE STORY AND BEAT		
(This does	LEADING TO DEATH	dvina ea	(A) IMMEDIATE CAU	J L	L Infarction			
heart failure	, asthenia, etc. It means	the disease,	DUE 10, OR AS A	CONSEQUENCE OF:				
injuly di Co	amplication which caused ANTECEDENT CAUSES	ueum./	Antonio	sclerotic He	part Disease	3 weeks		
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TO THE DE	ATH BUT NOT RELATED TO TH	E TERMINAL			4 Š			
	OF OPERATION 198 CONI WAS PERF	DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes	or No. 208, IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?		
OR CONTRI	21A. A CCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e. OR CONTRIBUTING CAUSE OF Control of the company of			g., in or obout 21C. WHERE DID (If in Baltimore City, give exect location) office bldg., INJURY OCCUR?				
21D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DI	ID INJURY OCCUR?			
(APPROX.)		Wh Wo	ite At Not White	· 🗆				
22. I certif	y that (I) (this haspital) ottended t	he deceased from M	arch	19 65 to A	ugust 19 68		
	e) last saw the decease		7/26	68		opinian deoth occurred on the date		
	and hour and from the causes stated abave. (I) (We) (did) (did not) view the bady ofter death.							
23A. SIGNAT	23A. SIGNATURE Altendi Phys. Attendi Phys.				Staff Phys.	23 B. DATE SIGNED		
23C. PHYSIC	AN'S		DEGREE	23D. ADDRESS				
ITAIVE	R. J. Lyde	n, M. I		6402 Golde	n Ring Road			
24A. BURIAL CE	REMATION, 24B. DATE (Specify)	24C. N	AME of CEMETERY OF CRE	MATORY	24D. LOCATION	(City, town, or county) (Stote)		
Buria	1 8/9/6	8 F	Tairview Cemet	ery	Culpeper, Vi			
2SA, DATE REC	UG 26 1968	DO AS	OF REGISTRAR	2sc. FUNERAL DIR	& C. C. Gees	t ADDRESS		
		CO THE PARTY		1 0 4 4				





VS 150-REV. 1/1/6B





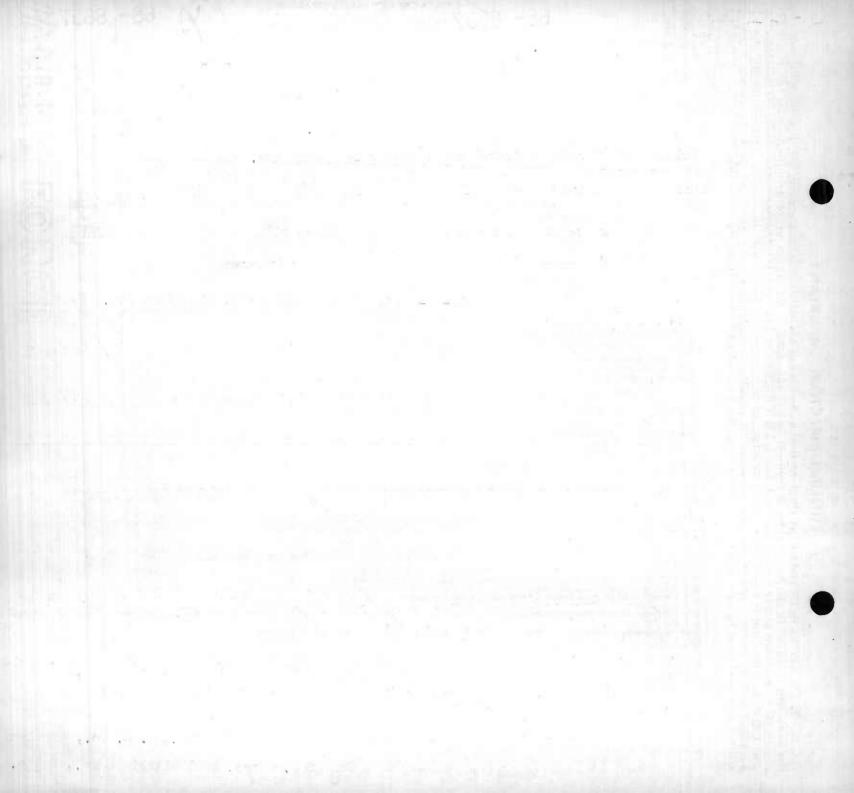
BALTIMORE CITY HEALTH DEPARTMENT

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VS 150-REV. 1/1/68

IMPORTANT

FUNERAL DIRECTOR:



BALTIMORE CITY HEALTH DEPARTMENT

Grant Tell Shirt III SEATH WEST promise contest introduction of the contest of the

VS 150-REV. 1/1/6B

			HEALTH DEPARTMENT		68-8659	
	68-8	659 CERTIFICA	TE OF DEATH	REG. NO	00, 0003	
	TH NO.			ND HOUR OF DEATH		
	e or Print)				11:50 p.M.	
3.	Jordan, Arbie	ONOUNCED DEAD	4. USUAL RESIDENCE (Whe	17-68 re deceased lived. If in	astitution: residence before admission)	
			A. STATE B. COUP	N TY		
HC	LL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	Maryland c. City or town	In INIS	IDE CITY LIMITS?	
IN:	Provident Hospital		Baltimore		VECKO	
3	9 1514 Division Street		E. STREET AND NUMBER	14		
	Baltimore, Maryland		1457 Argyle	Avenue		
5. S	EX 6. RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (in years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.	
		WED DIVORCED	3-2-18	lost birthdoy)	Months Doys Hours Min.	
	USUAL OCCUPATION (Give kind of work 10B. KIN	D OF BUSINESS OR INDUSTRY		ign country)	12. CITIZEN OF WHAT COUNTRY?	
don	Unemployed		Manuland		TT C A	
13.	FATHER'S NAME	^	Maryland 14. MOTHER'S MAIDEN NA	ME	U. S. A.	
-	70000		4 - 0.	7,		
5	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	erte	ADDRESS	
Ye	Nos Deceosed Ever in U. S. Armed Forces?	SECURITY NO.	a) and	00 01	9 . 9 . 0	
	20	215-12-3175	mare Del	dla Ske	20 4730 Milamon	
	1B. 269 9	CAUSE OF DEATI			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		01/1	R. I	11 11.	
	(This does not mean the mode of dying,	(A) IMMEDIATE CAU	A CONSEQUENCE OF:	m, storely	- uninous	
	heart foilure, asthenia, etc. It means the dis-	Bose,	A CONSEQUENCE OF:	: priven	ma	
	injury or complication which coused death.)	1	malnututa	ba V		
	ANTECEDENT CAUSES	(B)	A CONSEQUENCE OF:	***************************************		
	DISEASES OR CONDITIONS, if any, g rise to the above couse (A) stoting	· · · · · ·	A CONSEQUENCE OF:		**	
	UNDERLYING CONDITION last.	(c)				
z	286,5					
101	OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI					
CAI	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION	100000000000000000000000000000000000000	20A. ALITOBEY? (Yes or N	a) 208. IF VEC WERE	FINDINGS CONSIDERED	
ERTIFIC	WAS PERFORMED	TOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
CER	21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	yes n or obout 21 C. WHERE DID	(If in Boltimor	re City, give exoct locotion)	
AL (OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	home, form, foctory, street, of	fice bldg., INJURY OCCUR?	(-1 111 DOMINIO		
OIC/			215 11614 217 111	ILLEY OCCUPA		
MEC	OF INJURY	21E. INJURY OCCURRED While At Not While	21 F. HOW DID IN	JUKT OCCUR?		
-	(APPROX.)	Work At Work				
	22. I certify that (1) (this hospital) attend		8-17-68	19ta8-	17-68 19 ,	
	that (I) (we) last saw the deceased alive	an 8-17-68			nion death occurred an the dote	
	ond haur and from the causes stated abo	ve. (I) (We) (did) (did nat) v				
	23A. SIGNATURE	4			23B, DATE SIGNED	
	Strick Min	ANI VA. A Bhu	nding Med.	Staff Phys.	8/20/68	
	23C. PHYSICIAN'S NAME, Tygel	DEGREE		ent Hospita	1 / 0	
	NAME TYPE TAIL SAIL	NDERC	LIOATA	Street - B	Baltimore, Marylan	
24 <i>F</i>	BURIAL CREMATION, 24B. DATE	OEGREE			ity, town, or county) (Stote)	
	REMOVAL (Specify)	2 10 1	240.	12 01-1	2 F	
0.0	Duren 8,2248	ant Calvara		Tella.	uh	
25 F	TATE RECOMMEND 01368	ME OF JEGISTIAR	25C FUNERAL DIRECTO	n -	ADDRESS A	
			Roudewitte	rause 1	ally of the	
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VS 150-REV. 1/1/6B

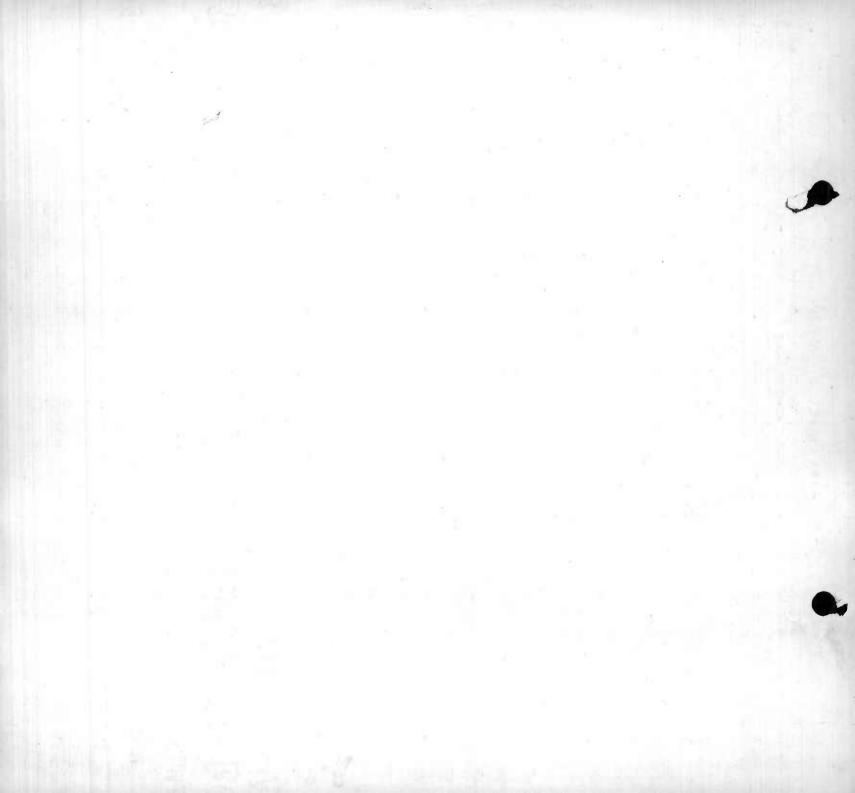
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prik all and him to province 7.7 000 57-7-11 Jack . Correll Hopkins Maggie Rebuss Georgea Hamilton, Thurston & P. Philip ASCVO BPH 3 6mb 15 mb Pull PSpelling NO 11-12-8

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

BATINGE SHOW Y CHANGET THIS BAKE OF PIE I PORCO "HABITALISE" ROBER P. MICHBLAND ANCLARDIAL INFARCTION ASCUID 100 5 /22 1 12 12 15 THOMAS IN LEEGUM MY THOMAS MEMORIAL THERPTAL THE PLANT THE

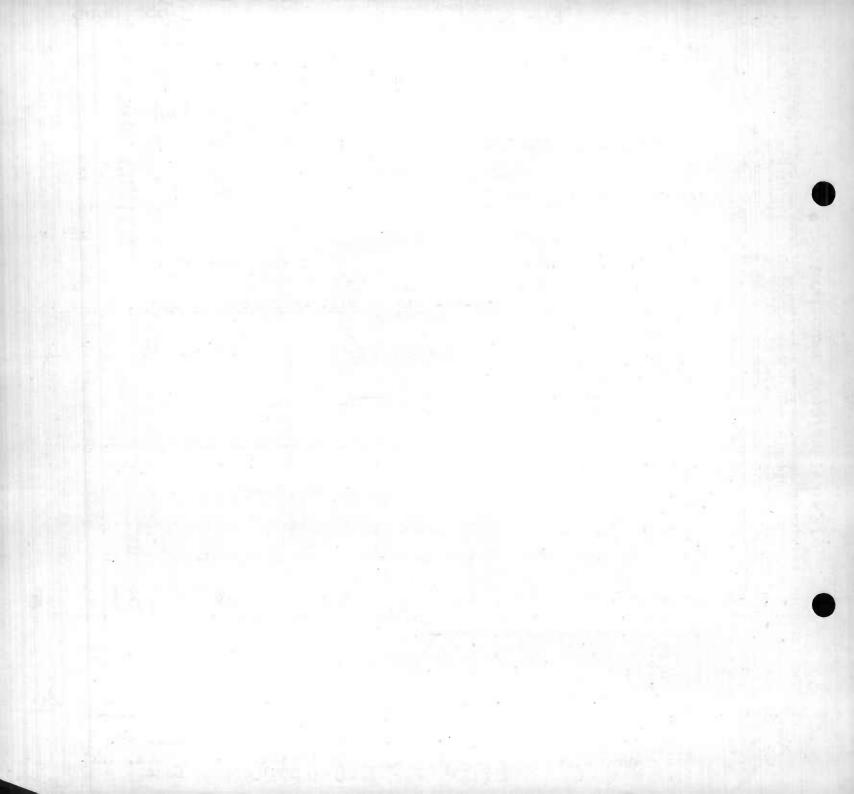


68- 8664 BALTIMORE CITY HEALTH DEPARTMENT

			MED	ICAL		AMINER'S	CERTIFICATE	OF DEA	TH REG. NO	68-	866	4
	TH NO.							Y.	1/1		-	
	NAME OF DEC		MERRILI	NAR	DICK		2. DATE Knawn OF DEATH Estimot	Manth ed Augu	ist 21, 1	968	Haur	м.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD							3. DATE	Month	Doy	Yeor	Hour	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION							PRONOUNCED DE	Augu	ist 21, 1			P.M.
St. Agnes Hospital (DOA)							A. STATE Maryla		B. COUNTY	Howar	0	3-00
6. SEX 7. RACE B. MARRIED NEVER MARRIED X						NEVER MARRIED	C. CITY OR TOWN		D. INSIDE CIT	Y LIMITS?		
Female		White		WIDOWED .		DIVORCED -	Cooksville		VE	YES NO X		
	ATE OF BIRT	10 -1	10. AGE (Ir lost birthdo	years	If Und	er 1 Yr. If Under 24 Hrs. s Doys Haurs Min.	E. STREET AND NUM				10 45	
	ec. 31,	1956	11				Route 2, Old Fredrick Road					
11.	MARY	State ar fareign country)		12. CITIZEN OF WHAT COUN		HAT COUNTRY?	13. FATHER'S NAME Joseph Naed		edick			
14A			ve kind af wark	148. KINI	OF BU	JSINESS OR INDUSTRY	15. MOTHER'S MAIDE	N NAME	Karer			
done	Stude:		ven ifretired)				Helen	Lee				
16.	WAS DECEAS		U.S. ARMED	FORCE	\$?	7. SOCIAL	18. INFORMANT		AD	DRESS		
(Yes	, na ar unknown	(If yes, give	war ar dates	of service)	SECURITY NO.	Mr. Joseph	1	Silvari	.11.	mi	
Н	19.	1 -				CAUSE OF DEA	1) Lee-	- AVES!	ZAPI	PROXIMATE IN	TERVAL
l. I	EXI	1,71					cture of upp	er cerui	al enine		EEN ONSET AN	
			DITION DIRE	CTLY		ric	ccure or app	er cervic	at spine			
		LEADING T		!		(A)IMMEDIATE					**	
	heort failure	asthenia, et	made of dy	disease,		DUE TO, OR	AS A CONSEQUENCE OF:					
	injury or con	aplication wh	ich coused de	oth.)								
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR AS A CONSEQUENCE OF:												
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.											
Ó	50.0	. 1				(C)						
(C) (C)												
F						HICH OPERATION W	AS PERFORMED			21. AUTO	PSY? (Yes o	r No)
L CE	0									No		
ð		NAL CAUSE			22B. PL	ACE OF INJURY (e.g., farm, factory, street, affic	in or obout 22C. WHER bldg., etc.) INJURY OC	E DID (If in Baltim	are City, give exac	t lacation)	53	-00
8	UNDERLYING OCCUR? UTING CAUSE OF DEATH highway 122 TIME (Month) (Day) (Year) (Hour) 1225 NILLEY OCCURSED 1225 HOW DID INLINEY OCCURS 1235 TIME (Month) (Day) (Year) (Hour) 1225 NILLEY OCCURSED 1225 HOW DID INLINEY OCCURS											
Σ	22D. TIME (Manth) (Day) (Yeor) (Haur) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? ROad											
	OF INJURY (APPROX.) 8-21-68 7:00 P. m. WHILE AT WORK Pedestrian struck by auto											
	23. I certify that I held on Inquiry Inspection X Autopsy ond that on this basis, death in my opinion											
	resulted fram: Notural causes Accident X Suicide Homicide Undetermined manner											
	CHIEF MEDICAL EXAMINER											
	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED										IED	
	EXAMINER'S Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER August 22, 1968											
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, ar county) (State) REMOYAL (Specify)											
	Burial 8-24-68 St. Barnatas Cemetry Sykesville Mrs.											
254	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL/ DIRECTOR HALLY TU HALLAND MA									Med		
146						1 13 13			1	7100	1	

(= =) ME 21, 1421-175 PM

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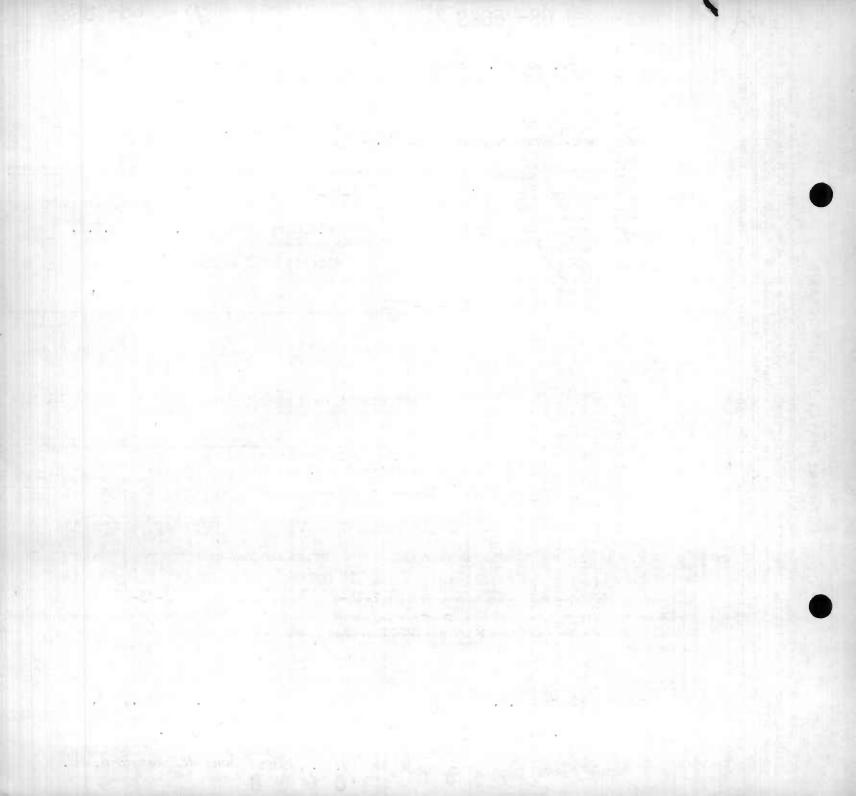


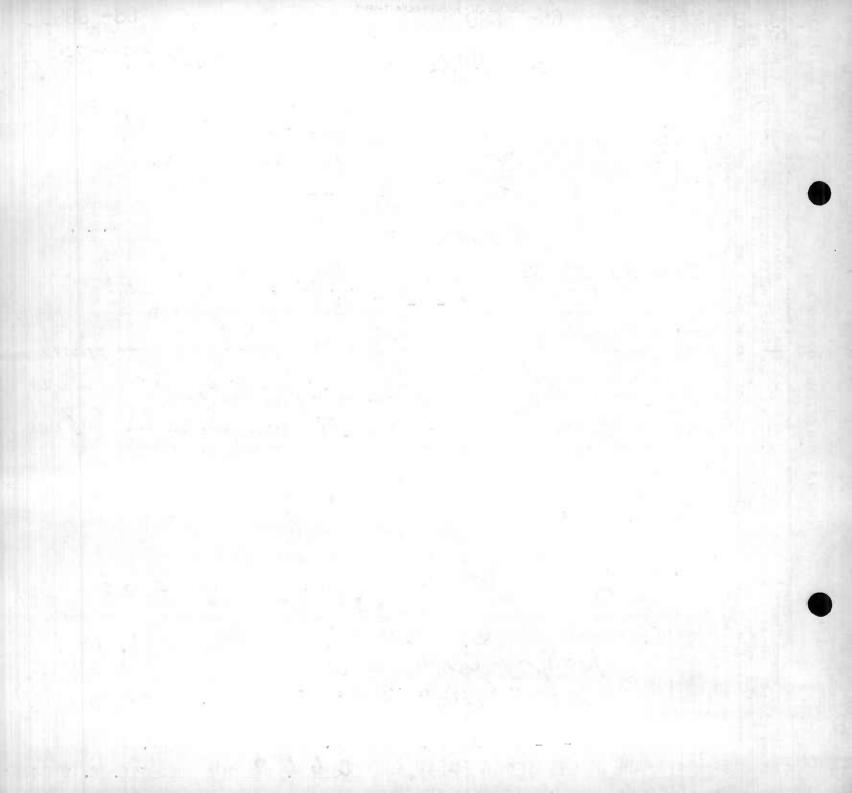
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BALTIMORE CITY HEALTH DEPARTMENT

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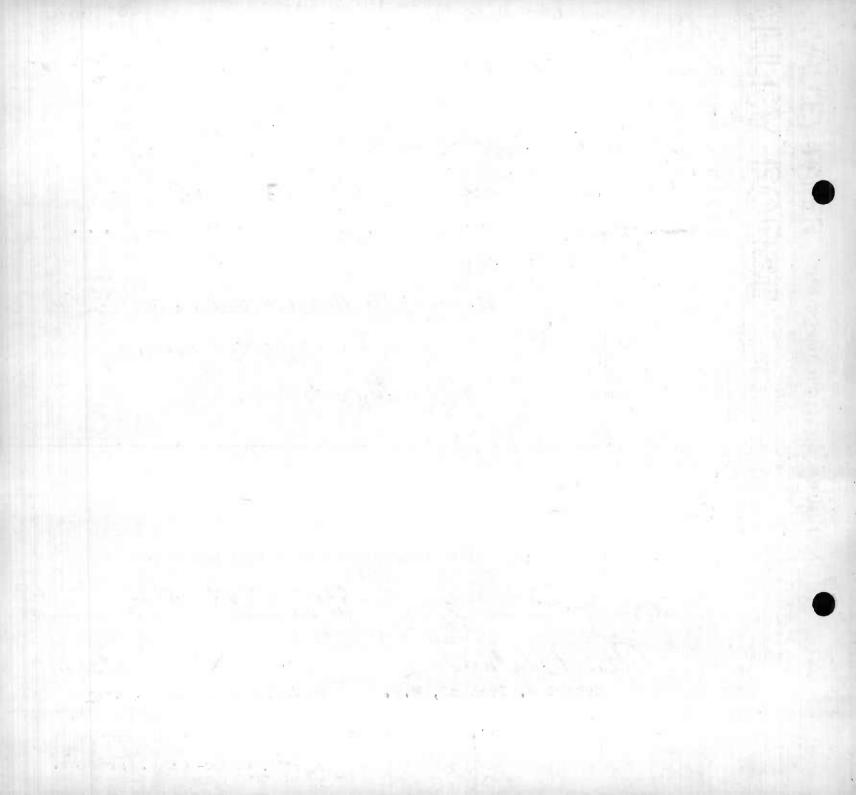
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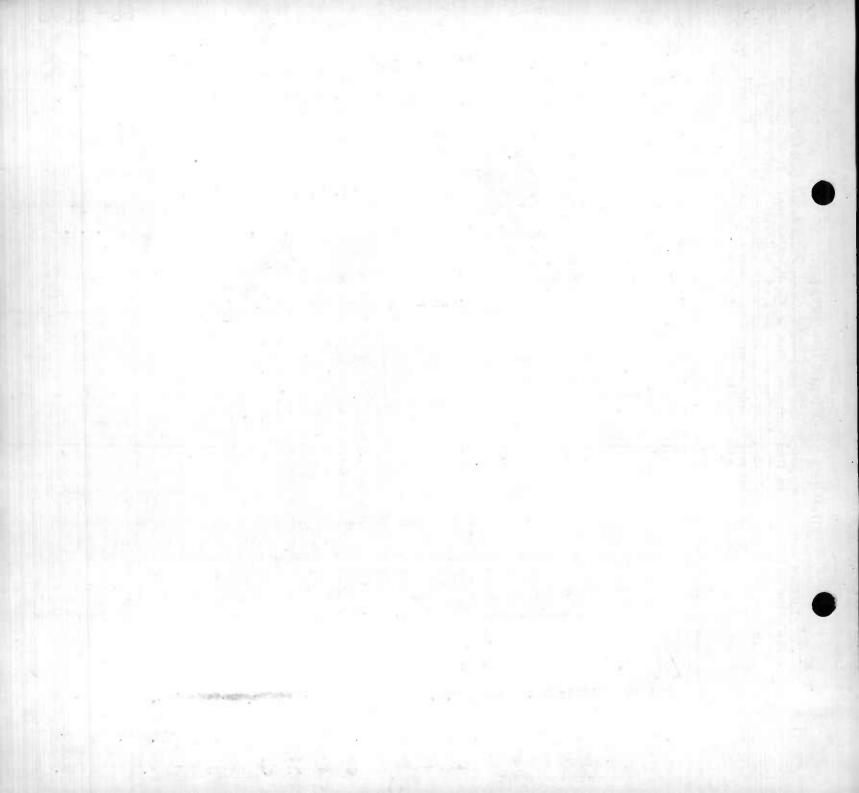
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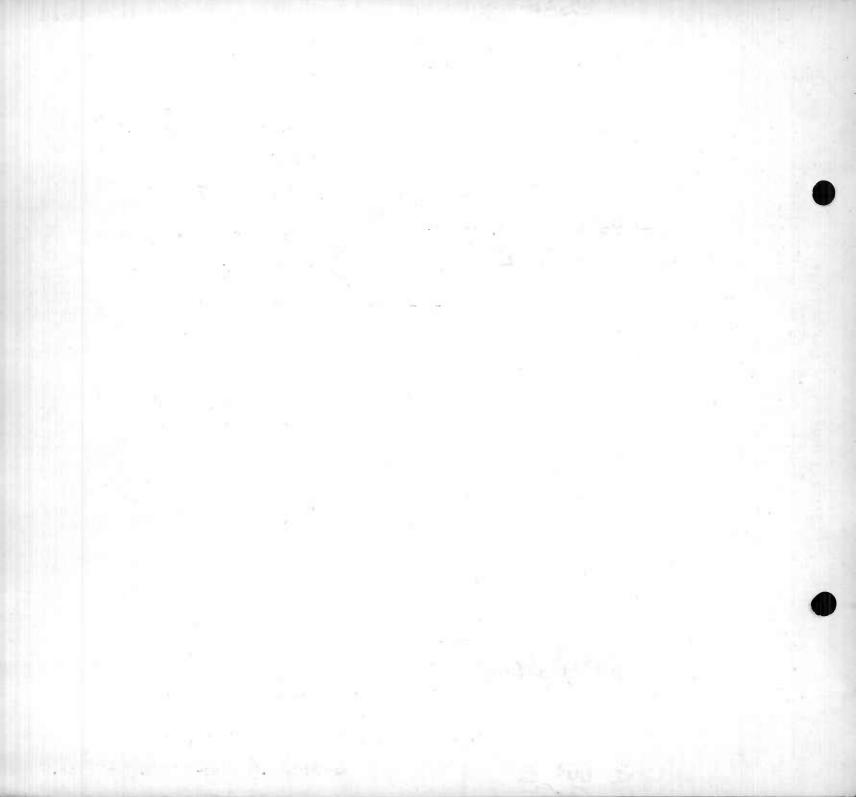
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to the morning that & Me. 72. At 33. mile and a completely well Audostein was now dample for N. Series Marine the state of the same Sum Block in E S. HEND STOPE AT 73 1 2 A S 13 - 1 1 1 3 1

4. USUAL RESIDENCE Where deceased lived. If institution: residence before D. INSIDE CITA-LIMITS? YES 🔀 NO If Under 1 Yr. If Under 24 VHrs. Months Days Haurs 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (II in Boltimore City, give exact location) and that in (my) ((aur)) opinion death accurred on the date 23 B. DATE SIGNED Mentebelle State Hespital (City, town, or county) shows: South Carolina MOS rt/E. Mutter-3035 W. North Ave. V\$ 150-REV. 1/1/68







IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

Harrison windles LE TRANSPORTER OH Margaret August Former Me lectured 117-54-1279 By Row Winger House Color Carrinany Comm ministration of president - The state have been all Kerthensender Planned Home & Horse & Horse PAV KREHMA KA



1363 N. Colman 7/0/23 Maryland Myreardial interchine Embeli ham corne value prestiens ! Pulmenery oderna probable preservery A. 2000 my with Mysser 23 Reword P Block no 550 10 Breadway Pallin

BALTIMORE CITY HEALTH DEPARTMENT

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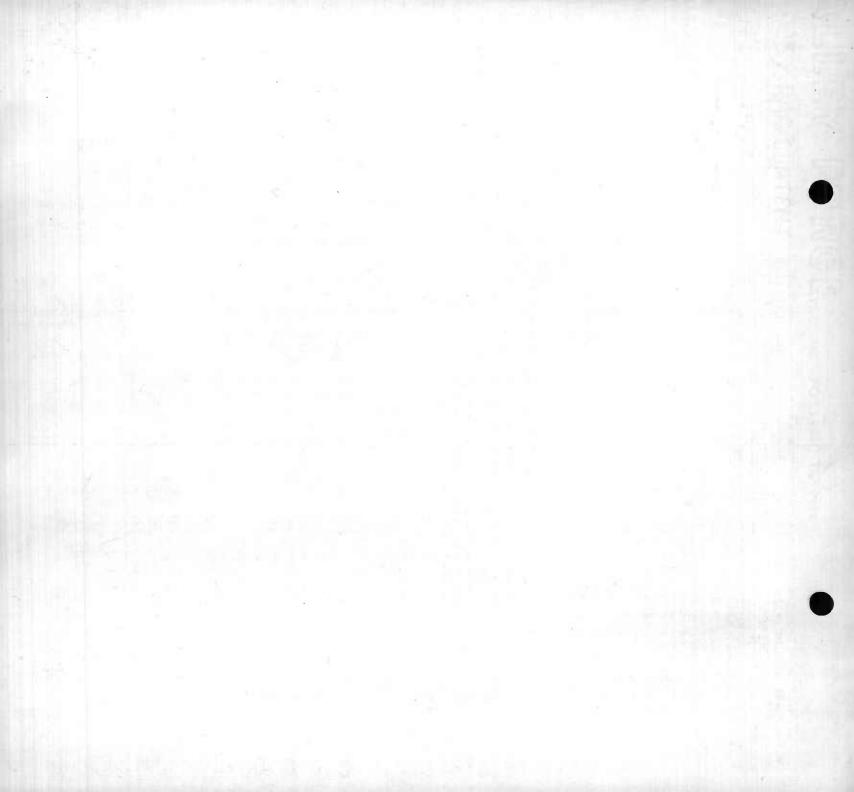
68- 8679 BALTIMORE CITY HEALTH DEPARTMENT

68-	8679
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BIRTH NO.	CERTIFICATE OF DEATH REG. NO.										
1. NAME OF DECEASED (Type or PriTAWERENCE G. MCKISSICK	2. DATE Knawn X Month Doy Yeor Hour OF DEATH Estimated 8 23 68 9:25 a M.										
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour										
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD August 23 1968 9:25 a M. 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)										
609 N. Calhoun St. D.O.A.	A. STATE Maryland B. COUNTY										
6. SEX 7. RACE B. MARRIED NEVER MARRIED WIDOWED NOVER DIVORCED	Balto.										
9. DATE OF BIRTH 10. AGE (In years # Under 1 Yr. If Under 24 Hrs Months; Doys Hours Months; Doys Hours Min	+ FES EL NO L										
11. BIRTHPLACE (State or foreign country) (12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME In my MENOSSICR										
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTION (Give kind of work 14B. KIND OF WORK (Give kind of work 14B. KIND OF WORK (Give k	A										
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, poor whown) (If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	BETTYMCKISSICK 605 CALHOUN ST										
19. CAUSE OF DE.											
DISEASE OR CONDITION DIRECTLY											
(A)IMMEDIATE CAUSE Carcinoma of the lung (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. if means the disease, injury or complication which caused death.) (A)IMMEDIATE CAUSE Carcinoma of the lung DUE TO, OR AS A CONSEQUENCE OF:											
many of somplession which coused debuilty											
DISEASES OR CONDITIONS, IF ANY, GIVING (B) DUE TO, OF	AS A CONSEQUENCE OF:										
LINDERLYING CONDITION LAST											
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V											
20 A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	/AS PERFORMED 21. AUTOPSY? (Yes or No)										
	No										
UNDERLYING OR CONTRIB-	, In or obout 22C. WHERE DID (If in Boltimore City, give exact location) ice bldg., etc.) INJURY OCCUR?										
22D. TIME (Month) (Doy) (Year) (Hour) 22E.NJURY OCCURRED OF INJURY (APPROX)	T WHILE WORK										
I certify that I held on Inquiry Inspection XX Autopsy and that on this basis, death in my opinion resulted from: Notural couses XX Accident Suicide Homicide Undetermined monner											
ACTUAL SIGNATURE I word Wkould M.	CHIEF MEDICAL EXAMINER DATE SIGNED D. ASSISTANT MEDICAL EXAMINER										
EXAMINER'S NAME (Type) Ronald N. Kornblum, M											
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)											
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS											
AUG 26 1968 P. D. It & Falley	7. 1 All 1/70018 16										
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VS 150-REV. 1/1/68



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68-8681 BALTIMORE CITY HEALTH DEPARTMENT

68-	8681
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BIR	TH NO.						REG. NO.	_	
1. NAME OF DECEASED (Type or Print) ALLEN MURDOCK			CK		2. DATE Known A Month Day 1968 7:12 A.	— м.			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION			TITUTION, GIVE STRE		3. DATE Month Doy Yeor Hour PRONOUNCED DEAD August 24, 1968 7:12 A. 5. USUAL RESIDENCE (Where deceased lived, if institution: residence before odmission) A. STATE Month Doy Yeor Hour Pronounce Doy North Pronounce Deceased In the Institution of the Institution	<u>M.</u>			
-) 0		<u>ω111</u> ι	T-			Maryland		
6. S	iale	7. RACE Negro		B. MARE	provide the second	RRIED	Baltimore D. INSID CAYTIMITS:		
	22/53	1	10. AGE (In last birthda 15	yeors y)	If Under 1 Yr, If Und Months Doys Hau				
N	BIRTHPLACE (S	đ		K. I.	12. CITIZEN OF		13. FATHER'S NAME Andrew Murdock		
14A don	USUAL OCCUI eduring mast of w Stude	orking life, ev	e kind of wark en if retired)	148. KIN E	OF BUSINESS OR	INDUSTRY	RY 15. MOTHER'S MAIDEN NAME Rachel Branford		
16.	WAS DECEASE	D EVER IN	U.S. ARMED	FORCE	17. SOCIAL SECURITY	Y NO	18. INFORMANT ADDRESS		
	,,	(11 yes, give 1	rai or dales	di service	, seconti	1110.	Rachel Murdock 739 McHenry St.		
NO	(This does not heart failure, Injury or com AN DISEASES C RISE TO THE	E OR COND LEADING TO be meen the asthenia, etc. plication whice NTECEDENT OR CONDITION ABOVE CAL	DEATH made of dy It means the ch coused dec CAUSES DNS, IF ANY USE (A) STA'	ing, e.g., disease, oth.)	(A) <u>IA</u> D(Cumple to the second of head		
CERTIFICATION	TO THE DEA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).							
L CERT	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA				FOR WHICH OPER	ATION WA	NAS PERFORMED 21. AUTOPSY? (Yes or No) Yes		
MEDICA	22A. EXTERNAL CAUSE WAS UNDERLYING ACCONTRIB- UTING CAUSE OF DEATH. 22B. PLACE OF INJURY(e.g., in or obout local place,								
	22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? Shot by Police Officer while fleeing burglary								
	I certify that I held on Inquiry Inspection Autopsy ond that on this basis, death in my opinion resulted from: Notural causes Assident Suicide Hamicide W Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER AUgust 24, 1968								
	A. BURIAL CREA MOVAL (Specif	AATION, 2	48. DATE		24C. NAME of C	EMETERY	Y or CREMATORY 24D. LOCATION (City, tawn, or county) (State)		
25	Buria			48.	Mago:		Magothy., Maryland	_	
	AUG 20 1968 Polyut 2. Sanburna Charles A . Rice 661 W. Barre St.								

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Name of Street or other party

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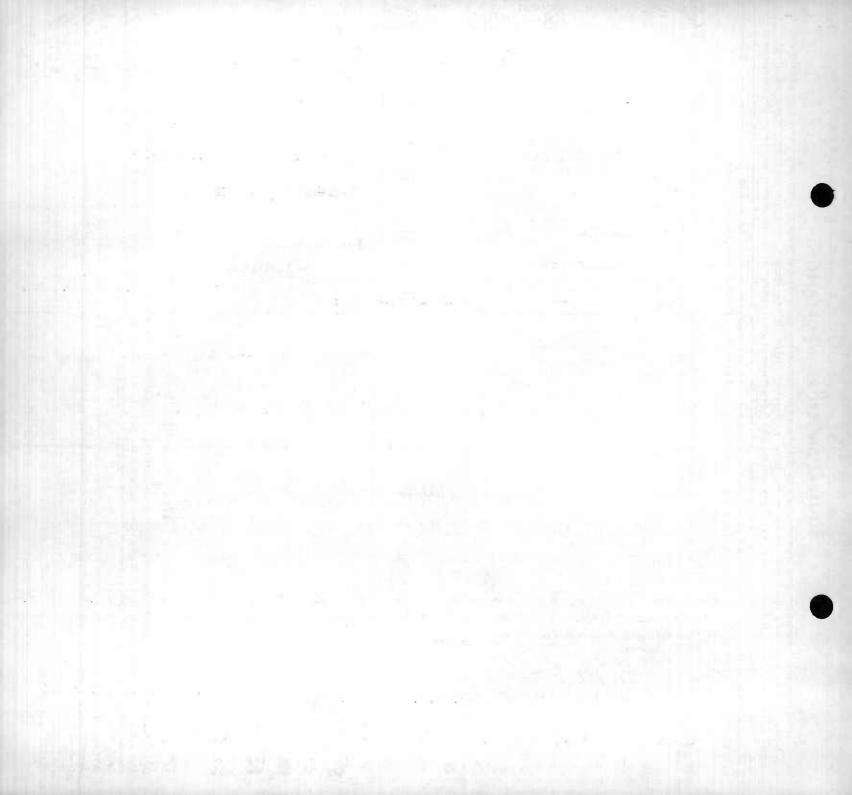
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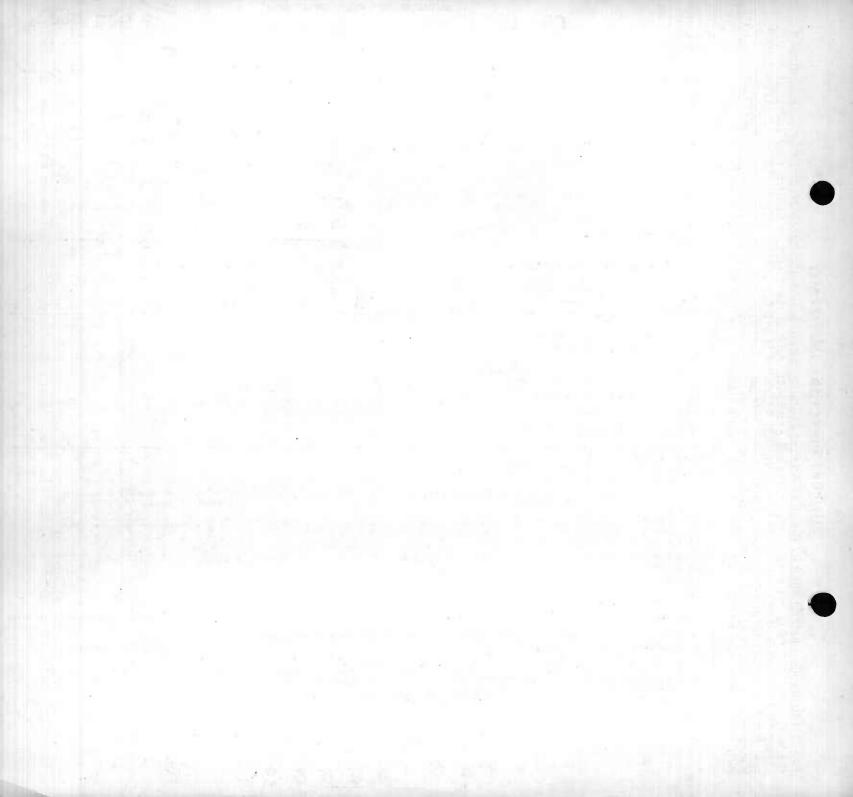
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VS 150-REV. 1/1/68



IMPORTANT

FUNERAL DIRECTOR:



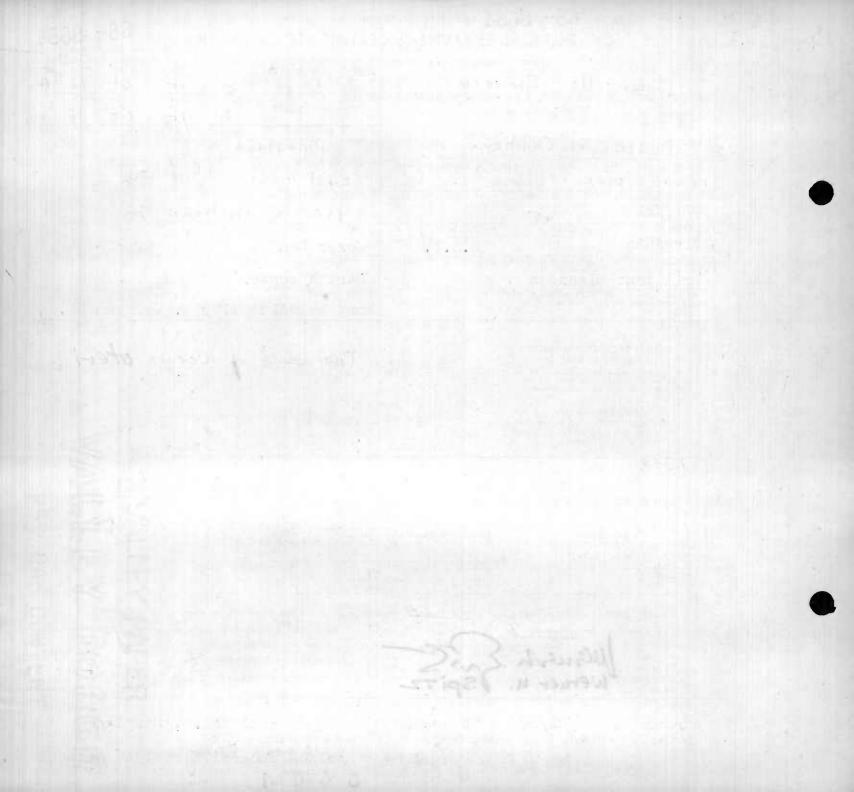
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68-8684 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH
MILDICAL	LVWIII 4FIL O	CLIVIII ICAIL	OI PLAIII.

68- 8	3684
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BIRTH NO.	REG. NO.					
1. NAME OF DECEASED (Type or Print)	2. DATE Known Month Doy Year Hour					
Lucille spencer	DEATH Estimoted 8 16 66 12 A M.					
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD PRONOUNCED DEAD FIGURE 12 A M. S. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)					
00 1105 N. Calhoun St	A. STATE MARYLAND B. COUNTY					
6. SEX 7. RACE 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	C. CITY OR TOWN BAHIMORE D. INSIDECITY LIMITS					
9. DATE OF BIRTH 10. AGE (In years ff Under 1 Yr. If Under 24 Hrs. 9/18/22 Institution Months Doys Hours Min	s. E. STREET AND NUMBER					
11. BIRTHPLACE (Stote or foreign country) Virginia 12. CITIZEN OF WHAT COUNTRY?	Jores Daniel					
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUST done during most of working life, even it retired) Brilliant Cleaners						
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, np.prunknown))(If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS					
NO	Mary Whiddle 1105 N. Calhoun St.					
19. CAUSE OF DE						
(A)IMMEDIATE (This does not meon the mode of dying, e.g., heort foilure, osthenio, etc. It meons the disease, Injury or complication which coused death.)	(This does not meon the mode of dying, e.g., heart follure, osthenia, etc. It means the disease,					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)						
OF COLUMN (C)						
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	WAS PERFORMED 21. AUTOPSY? (Yes or No)					
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- LATING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g. home, form, foctory, street, off	g., in or obout 22C. WHERE DID (If in Boltimore City, give exoct locotion) fice bldg., etc.) INJURY OCCUR?					
22D. TIME (Monih) (Doy) (Yeor) (Hour) 22E. INJURY OCCURRED OF INJURY (APPROX.) MHILE AT WORK AT WORK						
23. I certify that I held an Inquiry Inspection Autapsy and that on this basis, death in my apinian						
resulted fram: Natural causes Accident Suic	ide Hamicide Undetermined manner					
ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER						
EXAMINER'S Wether 4. 1 Spi72	ASSOCIATE MEDICAL EXAMINER					
24A. BURIAL CREMATION, REMOVAL (Specify) 8/22/68 Mt Auburn	Y or CREMATORY 24D. LOCATION (City, town, or county) (Stote) Baltimore, Maryland					
AUG 26 1968 Result & Fallows	Kelson Funeral Home 1348 Calhoun S					

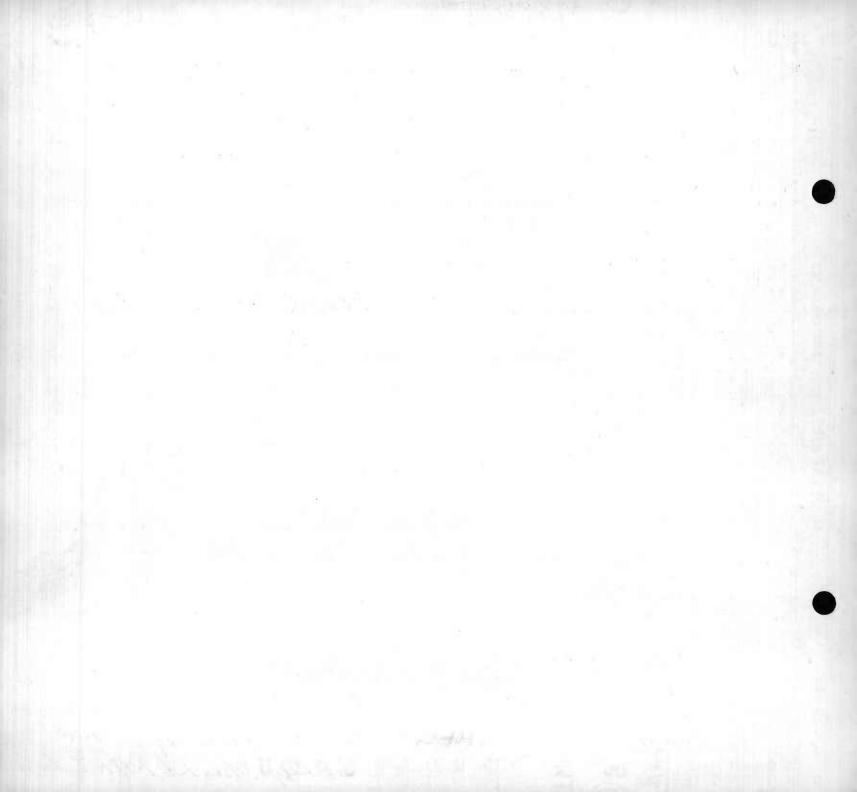


00	0005	SALTIMORE CITY	HEALTH DEPARTMEN	NT .	00000
	8685	ERTIFICA	TE OF DEAT	H REG. NO.	68-8685
BIRTH NO. 1. NAME OF DECEASED				TE AND HOUR OF DEATH	
(Type or Print) Eugene	Lewi	2	A	usust zi.	19684:40 AM
3. PLACE IN BALTIMORE, MARYLAND, WHE	E PRONOUNCED	DEAD	4. USUAL RESIDENCE	(Where deceased lived, If in	stitution: residence before odmission)
FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION	N)	GIVE STREET	C. CITY OR TOWN	-Baltino	IDE CITY LIMITS?
University Hospital Redwood & Greene	2/		BE I + IM	ore ()	YES NO 🗌
Redwood afreene	Streets			Garett Ave	
	MARRIED NEV		B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
MALE NRGYO W	IDOWED	DIVORCED	N 19 35	3 3	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if reffred)	0000		Vivel	i totoligii coomiyi	W.CB
3. FATHER'S NAME			14. MOTHER'S MAIDER		Laboratory of the Control of the Con
Frank Lewis			E112a	beth Morr	ris
15. Was Deceased Ever in U. S. Armed Forces' Yes, no or unknown) (If yes, give war or dates of		CIAL .	17. INFORMANT	,	ADDRESS
M			Frank	Lewis	(Same)
18. 7/, 0 I	С	AUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIREC	TLY		Circh	1 1 2120	1 5
(This does not mean the mode of dy	ina. e.a	(A) IMMEDIATE CAU	CONSEQUENCE OF:	1313 Lalcon	ile 2 years
heort foilure, osthenio, etc. It meons the injury or complication which coused de-	diseose,	DUE 10, OR AS 1	CONSEQUENCE OF.		
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, if ony	giving	(8)DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the obove couse (A) sto	ling lhe				
UNDERLYING CONDITION Iosi,		(C)	• • • • • • • • • • • • • • • • • • •		
OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED TO THE T DISEASE OR CONDITION GIVEN IN PART 1	ERMINAL	Re	hal Sl	nutdown	
	ON FOR WHICH	OPERATION	20A. AUTOPSY? (Yes	or No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE home, form, etc.)	OF INJURY (e.g., in foctory, street, of	or obout 21 C. WHERE D	OID (If in Soltimor	re City, give exoct location)
OF INJURY	Vhile At	Y OCCURRED		D INJURY OCCUR?	
IAPPROX.)	Work	At Work			
22. I certify that (I) (this heapttal) a			SJuly		9 A.M. 21 August 9 68
that (I) (we) last saw the deceased a	live an 12:	JOAN 21A	19 68 a	nd that in(my) (aux) apl	nion death accurred an the date
and hour and fram the causes stated	abave. (I) (XXX)	(did) (di d.not) v	iew the bady after de	eath.	
23A. SIGNATURE	roden 1.	Dham	nding Med.	Staff Phys.	23B. DATE SIGNED
23C. PHYSICIAN'S NAMB (Type)		DEGREE	3D. ADDRESS		Str
Charles S. S	amora	lin .	Universit	Ly / dornital	- Red woods Greene
24A. BURIAL CREMATION, 24B. DATE	24C. NAME OF	CEMETERY OF CRE	MATORY 2	4D. LOCATION (C	ity, town, or county) (Stote)
Burial 8/24/68	Gardo	NICAE	Ftowal Von	Fix VI	md.
	B. NAME OF REGIS	STRAR	2SC. FUNERAL DIRE	CTOR	ADDRESS

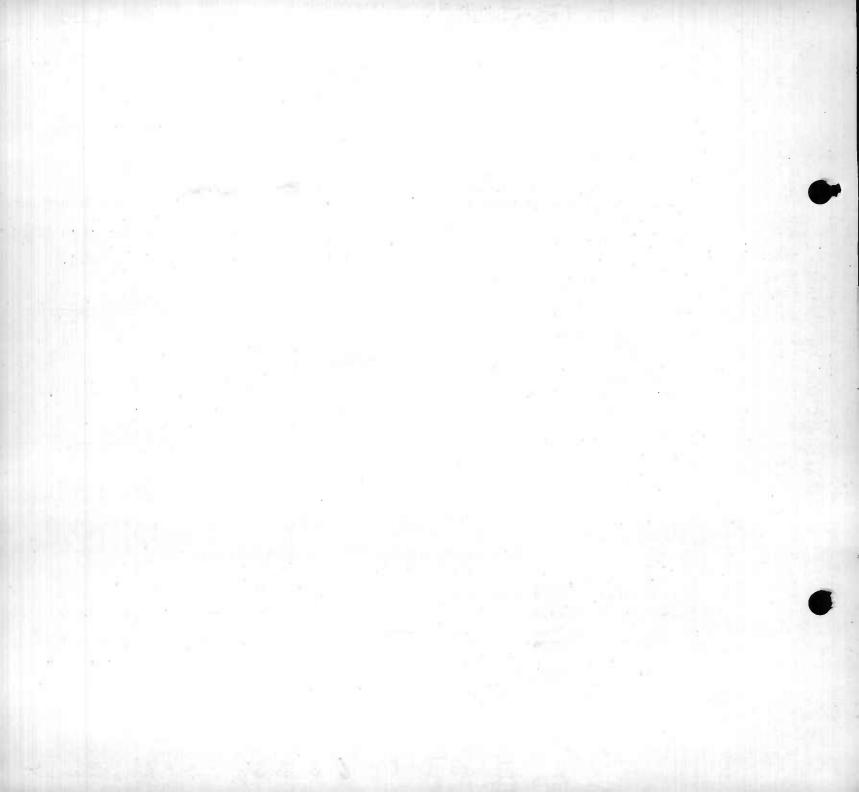
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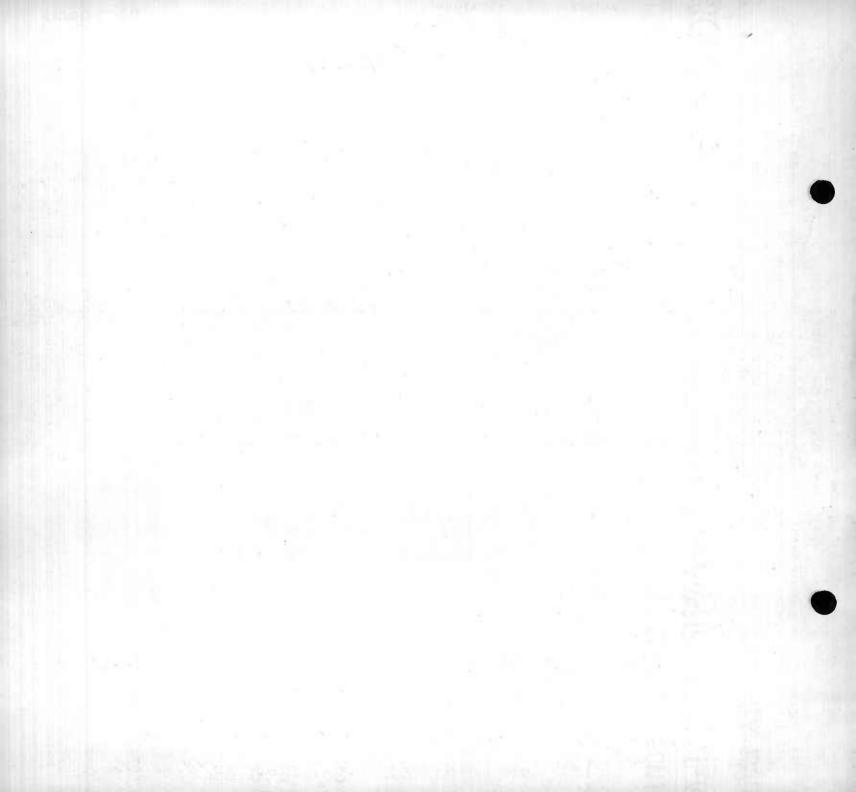


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and judge little . " - may com. (190) The same of the sa

VS 150-REV. 1/1/68



1 68-8689 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE

9	0000	BALTIMORE CITT	TEALTH DEPARTMENT		
ME	DICAL	EXAMINER'S	CERTIFICATE	OF	DEATH

	68-	8689
-		

BIRTH NO.	III TER O C	REG. NO.			
1. NAME OF DECEASED		2. DATE Known Month Day Year Hour			
(Type or Print) CLARISE Louise Lewis		OF			
CLARISE Louise Lewis 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED	DEAD	DEATH Estimoted 8 23 68 11:30a M. 3. DATE Month Doy Yeor Hour			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE		PRONOUNCED DEAD			
IHOSPIIAL ADDRESS OR LOCATION)	ESIKEEI	August 23 1968 11:30 am.			
OR INSTITUTION		5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)			
Unicompiles U. suited D.O.A.		A. STATE B. COUNTY			
University Hospital D.O.A.		Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?			
6. SEX 7. RACE B. MARRIED NEVE	R MARRIED X	D. III OK TOWN			
Female Colored WIDOWED	DIVORCED .	Balto. YES X NO []			
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr.	. If Under 24 Hrs.	E. STREET AND NUMBER			
7/7/50	Hours Min.				
	1 1	1512Mt. Royal Av.e			
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN		13. FATHER'S NAME			
parto. Marviand U.S	OUNTRY?	Lacy Lewis			
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINES	S OR INDUSTRY	Y 15. MOTHER'S MAIDEN NAME			
done during most of working life, even if retired)		Clara Robinson			
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ng.or unknown) (If yes, give wor or dotes of service)	CIAL CURITY NO.	IB. INFORMANT ADDRESS			
No		Clara Robinson 1512 Mt. Royal Ave.			
119.	CAUSE OF DEATH	APPROXIMATE INTERVAL			
304.91		BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY	Intrav	avenous Narcotism			
LEADING TO DEATH	(A)IMMEDIATE CA	CAUSE			
(This does not mean the mode of dying, e.g.,		AS A CONSEQUENCE OF:			
heort foilure, osthenio, etc. It means the disease, injury or complication which coused death.)					
ANTECEDENT CAUSES	(B)				
DISEASES OR CONDITIONS, IF ANY, GIVING	DUE TO, OR A	AS A CONSEQUENCE OF:			
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
Z CHELLING CONTINUE CONT.	(C)				
OF THE RIGHERCANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
DISEASE OR CONDITION GIVEN IN PART 1 (A).					
20 A. DATE OF OPERATION 20B. CONDITION FOR WHICH	OPERATION WAS	AS PERFORMED 21. AUTOPSY? (Yes or No)			
8 9					
		YES			
22A. EXTERNAL CAUSE WAS 22B. PLACE C	OF INJURY (e.g., in	, in or about 22C. WHERE DID (If in Baltimore City, give exact location)			
S or the arrival of the control of t	octory, street, office	ce bldg., etc.) INJURY OCCUR?			
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.1NJU	BY OCCUPPED	22F. HOW DID INJURY OCCUR?			
OF INJURY		T WHILE			
(APPROX.)	AT WO				
23.					
I certify that I held an Inquiry Inspec	ction 🔲 Auto	ond that on this basis, death In my opinion			
resulted from: Notural causes X Accident					
	11	CHIEF MEDICAL EXAMINER DATE SIGNED			
ACTUAL / / / //		DATE STORED			
	6	ASSISTANT MEDICAL EXAMINER XX			
SIGNATURE Charles Meshi	M.D.				
SIGNATURE O CHARGE MY COMMENTER'S		ASSOCIATE MEDICAL EXAMINER			
SIGNATURE CHARGE OF THE EXAMINER'S NAME (Type) Ronald N. Kornblu	m, M.D.	ASSOCIATE MEDICAL EXAMINER August 23, 1968			
SIGNATURE EXAMINER'S NAME (Type) Ronald N. Kornblu 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAMI	m, M.D.	ASSOCIATE MEDICAL EXAMINER			
SIGNATURE EXAMINER'S NAME (Type) Ronald N. Kornblu 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAMI	m, M.D.	ASSOCIATE MEDICAL EXAMINER August 23, 1968 Or CREMATORY 24D. LOCATION (City, town, or county) (Stote)			
SIGNATURE EXAMINER'S NAME (Type) Ronald N. Kornblu 24A. BURIAL CREMATION, REMOVAL (Specify) 8/26/68 Balt	m, M.D. e of CEMETERY o	ASSOCIATE MEDICAL EXAMINER August 23, 1968 Or CREMATORY 24D. LOCATION (City, town, or county) (Stote) ional Baltimore, Maryland			
SIGNATURE EXAMINER'S NAME (Type) Ronald N. Kornblu 24A. BURIAL CREMATION, REMOVAL (Specify) Burial 8/26/68 Balt 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REC	m, M.D. e of CEMETERY o	Associate Medical EXAMINER August 23, 1968 or CREMATORY 24D. LOCATION (City, town, or county) (Stote) ional Baltimore Maryland 25C. FUNERAL DIRECTOR ADDRESS			
SIGNATURE EXAMINER'S NAME (Type) Ronald N. Kornblu 24A. BURIAL CREMATION, REMOVAL (Specify) 8/26/68 Balt	m, M.D. e of CEMETERY o	ASSOCIATE MEDICAL EXAMINER August 23, 1968 Or CREMATORY 24D. LOCATION (City, lown, or county) (Stote) ional Baltimore Maryland 25C. FUNERAL DIRECTOR And ADDRESS			
SIGNATURE EXAMINER'S NAME (Type) Ronald N. Kornblu 24A. BURIAL CREMATION, REMOVAL (Specify) 8/26/68 Balt 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REC	m, M.D. e of CEMETERY o	Associate Medical EXAMINER August 23, 1968 or CREMATORY 24D. LOCATION (City, town, or county) (Stote) ional Baltimore Maryland 25C. FUNERAL DIRECTOR ADDRESS			

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VS 151-REV. 1/1/68

68- 8690 BALTIMORE CITY HEALTH DEPARTMENT

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MEDICAL	EXAMINER'S	CERTIFICATE OF	DEATH DEC NO	68-

00- 0000 BALTIMOKE CITT HE	
MEDICAL EXAMINER'S (CERTIFICATE OF DEATH REG. NO. 68-8690
BIRTH NO.	KEG, NO.
1. NAME OF DECEASED (Type or Print) ELLA THOMPS ON	2. DATE Known Month Doy Year Hour OF DEATH Estimoted August 21, 1968
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD August 21, 1968 7:05 P.M.
Provident Hospital (DOA)	S. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE Maryland B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CIT LIMITS?
Female Negro WIDOWED DIVORCED	Baltimore YES NO [
9. DATE OF BIRTH 10. AGE (in years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER
5/12/06 lost birthdoy) Months Doys Hours Min.	121/ Hoodroom Ctroot
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	1314 Woodyear Street
WHAT COUNTRY?	I. TATIER S TAME
South Carolina U.S.A.	
14A.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTRY done during most of working life, even il retired)	13. MOTHER'S MAIDEN NAME
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor ar doles of service) 212-36-264	Arlethea Young 1319 Woodyear St.
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH (A)IMMEDIATE C	Tuberculosis
	AS A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES (8)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
Z (C)	
OF CO	
20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
	Yes
	in or about 22C. WHERE DID (If in Boltimore City, give exact location)
UTING CAUSE OF DEATH.	e bldg., etc.) INJURY OCCUR?
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
(APPROX.) WHILE AT WORK AT W	WHILE O
23.	. 🔻
BY .	tapsy X and that on this basis, death in my opinion
resulted from: Natural causes X Accident Suicio	
ACTUAL (),	CHIEF MEDICAL EXAMINER L
SIGNATURE MOV 3 . CD M.D.	ASSISTANT MEDICAL EXAMINER X
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER August 22, 1968
NAME (Type)	
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 8/26/68 Mt. Calvary	A.A. Co., Maryland
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C FUNERAL DIRECTOR ADDRESS
AUG 26 1968 12 0 17 2 Farbert	was allow None 1348 Calhoun St

c . .)

68-8691 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH
MILDICAL		CENTILICATE	OI PLAIII.

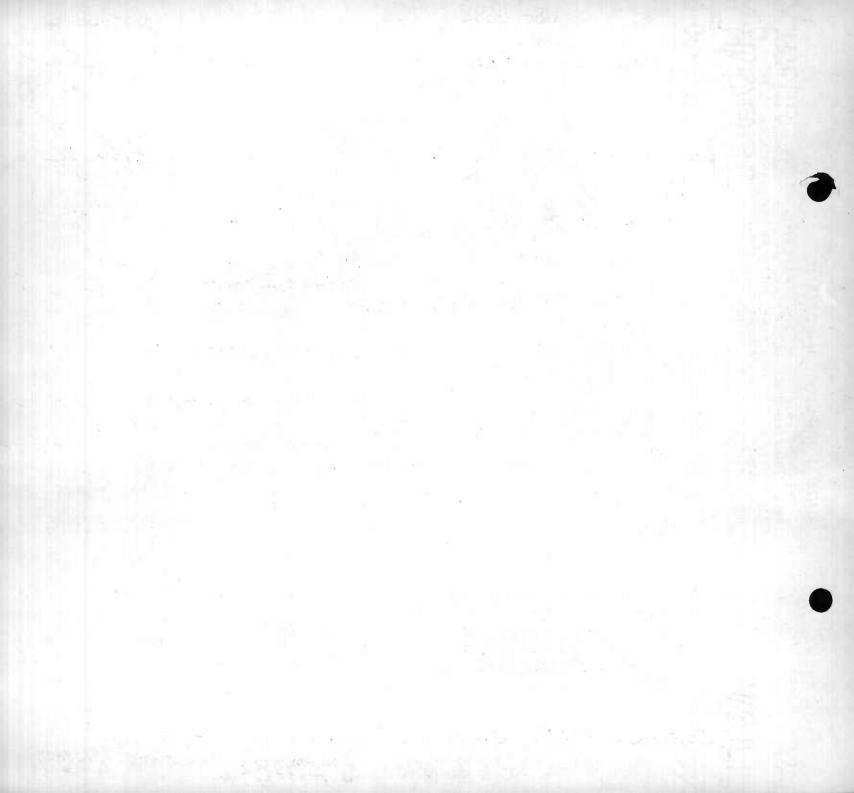
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BIRTH NO.	LERTIFICATE OF DEATH REG. NO.
1. NAME OF DECEASED	2. DATE Known X Month Doy Year Hour
(Type or Print)	OF 54 16 1060 2.20 B
JOSEPH PATRICK CORBITT 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD August 16, 1968 3:20 P.M. 5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)
00	A. STATE B. COUNTY
300 yds. W. of 700 blk S. Caton Avenue	Maryland
6. SEX 7. RACE B. MARRIED NEVER MARRIED WIDOWED DIVORCED X	C. CITY OR TOWN D. IN SIDE CITY LIMITS?
	Baltimore YES K NO STREET AND NUMBER
Months, Days, Haurs, Min.	201 T 27 1. A
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF	201 E. North Avenue
PTT 1 0 WHAT COUNTRY?	711 1 1 1
VITISDURGH, IA. U.SA.	JOHN CORDITT
14A.USUAL OCCUPATION (Give Ind of work 14B. KIND OF BUSINESS OR INDUSTRY done during mast of working life, even if retired)	Y 15. MOTHER'S MAIDEN NAME
MERCHANT MARINE	Adele LINDER.
17. SOCIAL (Yes, no ar unknown)((If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
	FUPLUNA CORDIH - Act 346 - OAKLERVI
19. E 9 CO X . CAUSE OF DEA	TH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY M1111	# /
I EADING TO DEATH	tiple Injuries
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes ar Na)
0 2	No
✓ 222A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g., home, farm, factory, street, office railroad track. □ UTING □ CAUSE OF DEATH. railroad track.	in ar obaut 22C. WHERE DID (If in Boltimare City, give exact location) blk.
22D. TIME (Manth) (Doy) (Year) (Haur) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
	while subj. struck by train
23.	υπ. Δ
I certify that I held an Inquiry Inspection X Au	stapsy and that an this basis, death in my apinian
resulted from: Natural causes Accident Suicid	de 🛮 Hamicide 🗌 Undetermined manner 🗌
	CHIEF MEDICAL EXAMINER
ACTUAL III A. C.A.	ASSISTANT MEDICAL EXAMINER X
SIGNATURE M.D. EXAMINER'S LIGHTON II Chit M.D.	0. 9/17/69
NAME (Type) Werner U. Spitz M.D.	ASSOCIATE MEDICAL EXAMINER 0/17/00
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, tawn, ar county) (State)
REMOVAL (Specify)	C
Burial 8-27-68 Loudon Park 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	
MIC VE WELL SO SE CONTRA	25C. FUNERAL DIRECTOR ADDRESS
400 20 1300 (Seat 2, 2000)	Ellsworth Armacost-4600 Liberty Hghts. Av
VS 151-REV. 1/1/6B	1869

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	1.00-	68- 8692 BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 68- 8692
E woman	2002	BIRTH NO. CERTIFICATE OF DEATH REG. NO. 68-8692
	deat deat ease n th Suc	1. NAME OF DECEASED (Type or Print) DO NO PALL 1 PLAT
	of of Dec e o	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNGED DEAD 4. USUAL RESIDENCE (Where declared lived, If institution; residence before odmission) A. STATE B. QOUNTY
	hospita use of ; (5) Dec dance o death.	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Md. Balle W
	r to	UNIVERSITY OF 19 ARYLAND BALTIMORE YES NOW
	r al	38 GREENE & LOYBARD ST. 4021 VILLA NOVA AVE BALT 21.
5	tribu mine gula sed mad	5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED 9, AGE (In years lost birthday) Nonths Doys Hours Min.
	cediced	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if relired)
	or nde s in de itio	WATER HEATER SERVICED SCLF CMPLOYED Md. USA
-	rect (4) U wa the ispos	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. FATHER'S NAME 16. MOTHER'S MAIDEN NAME 17. MOTHER'S MAIDEN NAME
Z	e di nd; eath e on	15. Was Deceased Ever in U.S. Armed Forces? (Yes, no or unknown) (If yes, give war or dotes of service) SECURITY NO.
ORTA	Ssissis that the definition of the desired	465 Wd War 11 -215-01-1432 CHART-1605PITAL
PO	is a; any any iced inda	DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
3	Also e of noun atte	LEADING TO DEATH (A) IMMEDIATE CAUSE CARDIAC STAND STILL Thou
.:	ner. Ictur pror lar	heort foilure, ostheria, etc. It means the disease, injury or complication which caused death.)
СТО	amin min fro ho egu	DISEASES OR CONDITIONS, if ony, giving (B) PORTIC VALVULAR DISEASE YEAR DUE TO, OR AS A CONSEQUENCE OF:
IRE	al execution (3) / (3) / an war in results	rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. (C) Rheumatic Heart Discase 19
LD	edical dical urns; rsicic was mair	TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING MITTER 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ERA	me me y bu ph) ph)	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
Ž	chie Bod the the ysic	8/23/8 WAS PERFORMED LICE HEART DISCORE JES IN CERTIFYING CAUSES OF DEATH?
F	tal by: (2) here No ph	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?
	d by spit ture t wh 6) N	OF INJURY White At D Not White D
	rove he he ny na xcep and ((APPROX.) Work
	9 ; e	22. 1 certify that (1) this haspital) attended the deceased fram 19 6 ta 8/23 19 6 that (1) (we) last saw the deceased alive an 19 5 and that in (my) (aur) opinion death occurred an the data
	be ed and or	and hour and fram the causes stated above. (1) (We) (did) (did nat) view the bady after death.
	d d	23A. SIGNATURE Attending Med. Staff Phys. Director Phys. 23B. DATE SIGNED 8/23/68
	was rell An acci	23C. PHYSECIAN'S NAME (Type) 23D. ADDRESS Director Phys. Director Phys.
	W W	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stotel
	This certificate the body was r shows: (1) An a was D.O.A at deceased prior written approv	Burish: 8-27-68 BALTIMRE National Complex - Part of Md
	This ce the books: shows: was D. deceas	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 40 PRESS TY
	- 4 3 T S	VS 150-REV. 1/1/68



K-340

68- 8693 BALTIMORE CITY HEALTH DEPARTMENT

						AORE CITY HE				D= 4 = 1			6	8- 00	00
RID	TH NO.		MED	ICAL	EXAM	INER'S	LEKIIF	ICATE	OF I	DEAT	H REG	. NO		8-86	93
	NAME OF DEC	CEASED			K	UTTAL	2. DATE	Known	X	Month	Da	У	Yea	Ir Hour	
(Typ	oe or Print)		OLIVE	CHIPM		TATA	OF DEATH	Estimo	ted 🗆	Augu	st 2	3,	1968	9:25	P.
4.	PLACE IN BAL	TIMORE, MA	ARYLAND, V	HERE PR	ONOUNCED	DEAD	3. DATE			Month	Do	У	Yeo		
HO	L NAME OF SPITAL INSTITUTION	(IF NO	T IN HOSPITA	AL OR INST	ITUTION, GIVE	STREET		DUNCED D					1968	9:25	P.M.
	31	Merc	y Hosp	ital			A. STATE	Maryl			B. COU		X-	ice belote odini	sion j
6. 5		7. RACE		B. MARR	IED NEVE	R MARRIED	C. CITY C	RTOWN			D. NS	IDE C	ITY LIMIT	S?	
]	Female	Whi	te	WIDOW	ED 🛣	DIVORCED		Balti			1 6	J	ES E	NO 🗌	
	ug. 20,		10. AGE (li	yeors y)	If Under 1 Yr. Months Doys	If Under 24 Hrs. Hours Min.	E. STREET	AND NUM		er Co					
	BIRTHPLACE (S				12. CITIZEN	OF	13. FATHI	R'S NAME	ic Ale	er co	ULL	_			
	West V:	irginia	1		WHAT CO	DUNTRY?	Ch	arles H	I. Doo	dd					
14A	USUAL OCCU	PATION (Gi	re kind of work	14B. KIND		S OR INDUSTR									***
don	Homemal Homemal		en itretired)	Но	me		Virg	inia E	3. Ga	ins					
	WAS DECEAS	ED EVER IN		FORCES	? 17. 50	CIAL	18. INFO				Foir	of o	ADDRESS X Ave	200	
(Ye:	s, no or unknown No	(If yes, give	wor or dotes	of service)	219-	CURITY NO. -10-0213	Phili	J. Ko	ottal.	Norf	ork.	V	irgin	ia	
	19.	0-4				CAUSE OF DEA				,				APPROXIMATE IN	
	DISEAS	E OR CONE	NITION DIPE	CTLV	А	rteriosc	leroti	c card	iovae	cular	die	000		SETWEEN CHISET A	IND DEATH
		LEADING TO		CILI	**	(A)IMMEDIATE		c card	LOVAS	culai	ars	eas			
	(This does n	not meon the	mode of dy	ing, e.g.,		DUE TO, OR	AS A CONS	QUENCE OF	F:						
	injury or cor	e, osthenio, et mplicotion wh	ch coused de	oth.)									1		
	Al	NTECEDENT	CAUSES			(n)									
	DISEASES	OR CONDITI	ONS, IF ANY	, GIVING		DUE TO, OR	AS A CON	EQUENCE C	DF:						
-		E ABOVE CA		IING IHE		(c)									
Ó	400	7	II			(0)				****					
CERTIFICATION	TO THE DE	VIFICANT CO ATH BUT NO R CONDITION	NDITIONS CO	THE TERM	INAL										
RT						OPERATION W	AS PERFOI	RMED					21. AL	JTOPSY? (Yes	or Na)
2	1													No	
7	22A. EXTER	NAL CAUSE	WAS		22B. PLACE C	OF INJURY (e.g.,	in or obout	22C. WHER	RE DID (If	f in Boltimor	re City, o	give ex	xact locatio		
EDIC	UNDERLYING UTING CA	OR CON	ITRIB- ATH.		home, form, fo	octory, street, offic	e bldg., etc.	INJURY O	CCUR?						
2	22D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo	r) (Hουr	WHILE AT		WHILE	22F. HOW	ונאו סוס י	URY OCCI	JR?				
г	23.														
1	l cert	tify that I h	reld on 1	nquiry [Inspe	ction X Au	itopsy 🗌	ond th	not on thi	is bosis,	deoth i	in my	y opinio	n	
	resul	ted from: 1	Notural cou	ses X	Accident	Suici	de 🗌	Homicide [U	Indetermin	ned mo	nner			
H	ACTUAL	1	0	25	, ()	-+	AC	CHIEF ME						DATE SIG	NED
	SIGNAT		yan	7	- 0	M.I).						3		
	EXAMIN NAME (unarles	S S. S	springa	te, M.D.	AS	SOCIATE ME	EDICAL EX	AMINEK			Augus	st 24, 1	968
	A. BURIAL CRE. MOVAL (Spec	MATION,	24B. DATE		24C: NAM	E of CEMETERY	or CREMA	TORY	24D. L	OCATION	(Cit	ty, tov	wn, or cou	inty) (Sto	ote)
	Burial		Aug.27	, 196	8 Holy	Redeem	er Ce	metery	Ва	ltimor	re, N	Mar	yland	1	
25.	A. DATE REC'D	BY HEALTH	DEPT.	25B. N	AME OF REC	GISTRAR	250	FUNERAL	DIRECTO	R			ADDRESS		ond.

VS 151-REV. 1/1/68

Wm. Cobk-Brooks Towson,

1050York Road Towson, Md. 21204

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219-10-0210 abilip J. Tetto), Referre, Vit 100

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Tell Section Tollies, Tell en, p. 122

a hospital and

68- 8	B694 BALTIMORE CITY	HEALTH DEPARTMENT		68-8694
	CERTIFICAT	TE OF DEATH	REG. NO.	30, 000 1
I, NAME OF DECEASED JOHN	. GRABOWSKI Sr	• 2. DATE ANI	D HOUR OF DEATH	
(Type or Print) GRABOWSKI MR. J			4.1968	11.40 P.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO		4. USUAL RESIDENCE (Where A. STATE B. COUNT		ution: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	MD.		2
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)		C. CITY OR TOWN	DENSIDE	CITY EIMHS?
Schurch Home of Hospie	40	Baltimore	YE	NO .
Schurch House of Hospice		E. STREET AND NUMBER	00 Ch 121	
S. SEX 16. RACE 17. MADE			f St. (31	
Male white widow	INEVER MARKIED	5.24.34	34	f Under 1 Yr. If Under 24 Hrs.
tOA, USUAL OCCUPATION (Give kind of work 10B. KINE done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	1. BIRTHPLACE (State or foreig	gn country) 1	2. CITIZEN OF WHAT COUNTRY?
unemployed.		MD.		AMER
13. FATHER'S NAME		4. MOTHER'S MAIDEN NAM	\E	
walter Grabows	ei	Helen Cants	n.	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	1 6. SOCIAL SECURITY NO.	7. INFORMANT	1. 01.	ADDRESS
Yes 1-29-53 4-21-53	215-30-7982	7. INFORMANT Catherine Gr	aboushi	617 s. wolfe st.
18.	CAUSE OF DEATH			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
LEADING TO DEATH	(ANIMMEDIATE CAUS	Pulmonery	Embolism.	. Muss.
(This daes not mean the made of dying, heart failure, asthenia, etc. It means the diser	DUE TO, OR AS A	E Pulmonery CONSEQUENCE OF:		
injury ar camplication which caused death.)				
ANTECEDENT CAUSES	Infer	tions depotis	us.	whs.
DISEASES OR CONDITIONS, if any, give	ing DUE TO, OR AS A	tions Repetition		VV 723 .
rise la the above cause (A) stating UNDERLYING CONDITION last.	lhe			
ONDERLING CONDITION last.	(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG.			
IO THE DEATH BUT NOT RELATED TO THE TERMIN		•••••		0
U 19A. DATE OF OPERATION 198, CONDITION FO	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)		DINGS CONSIDERED
WAS PERFORMED			IN CERTIFYING CAUSE	S OF DEATH?
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, offi	or about 21 C. WHERE DID	(If in Boltimore C	ity, give exoct location)
DEATH (notify medical examiner)	etc.)			
W OF INITIAN	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX)	While At Not While At Work			
22. I certify that (I) (this haspital) ottende	ed the deceased from	1	9to	19
that (I) (we) lost saw the deceased alive				n deoth occurred an the dote
			ii iii(iiiy) (ooi) opiiiio	in death accorded an the date
ond haur and from the causes stoted obave	e. (I) (me) (did) (did not) vi	ew the bady after death.	/ 22	B, DATE SIGNED
45/	/ Atten	ding Med.		V- 21/2-15
Suborg	DEGREE Phys.	Director L	Staff Phys.	0 14 02
PHYSICIAN NAME OFF	XX RAGIES D	D. ADDRESS	House V	How
11.6 1A	MANON DEREE	unres	Come to	in order
24A. BURIAL CREMATION, 24B. DATE 240 REMOVAL (Specify)	NAME of CEMETERY OF CREA	AATORY 24D. LC	CATION (City,	town, or county) (State)
	Holy Rosary	Bal	timore County	, Maryland
	AE OF REGISTRAP	2SC. FUNERAL DIRECTOR		ADDRESS
MUU & 0 1968 (17.0	D. Mile Little Han	TLINV & Zeile	r Inc. 1901-	-07 Eastern Ave.

5 29 30 34 Helen Charles authorna Grahmet Es The Survey Sinks and I want by him deptile. F. F. Barowy P Chance the wite

VS 150-REV. 1/1/6B

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68- 8696 BALTIMORE CITY HEALTH DEPARTMENT

AMEDICAL EXAMINED'S CERTIFICATE OF DEATH

68- 8696

BIRTH NO.		MEL	ICAL	. EX	AMIINER 3	EKIIFI	CATEO	r DEA	REG. NO.		
1. NAME OF	DECEASED					2. DATE	Known 🔻	Month	Day	Yeor	Hour
(Type or Print)		דד יייסידו	יוא ידי אדאקי	20		OF y	Estimated [1			4:30 p M
4 PLACE IN	BALTIMORE, MA	BERT JI			INCED DEAD	3. DATE	Estillided L	Manth	22 Day	68 Year	Haur
FULL NAME OF							UNCED DEAD	d-			
HOSPITAL OR INSTITUTIO	ADDRI	SS OR LOCA	TION)		N, GIVE STREET			Augus			68 4:30 p _M
OK INSTITUTION						A. STATE	RESIDENCE (Whe	ere deceased	B. COUNTY	n: residence	befare odmissian)
	Union M	1emoria	1 Hos	spit	al D.O.A.		Maryland	i			
6. SEX	7. RACE				NEVER MARRIED	C. CITY O	NWOT		D. INSIDE C	ITY LIMITS?	-10 F (10 F (10 F)
Male	Colo	rod	WIDOV	VED [DIVORCED	R	alto.		-	111	AR .
9. DATE OF B	IRTH	10. AGE (I	n years	If Und	ler 1 Yr. If Under 24 Hrs.		AND NUMBER		13	7=(
July 5,	1900	lost birthdo	1Y)	Manth	Doys Hours Min.	,	025 2011	A	171		
31 BIRTHPLAC	E (State or foreig	1 68		12 CI	TIZEN OF	13. FATHER	035 Madis	SOII AVE			
				W	HAT COUNTRY?						
Baltim	ore, Mar	yland	15 46 Win am		S.A.		ert Jenni			100	
done during mos	tof warking life, ev	e kind of work en if retired)	14B. KINL	OF B	USINESS OR INDUSTR	r is. MOTH	R'S MAIDEN N.	AME			
Mortic	ian .		Funer		Director	Eliz	abeth We	sley			
16. WAS DECE	ASED EVER IN	U.S. ARMEI	DFORCES	\$?	17. SOCIAL SECURITY NO.	18. INFOR				DDRESS	
yes	W.W.	Tur or doles	01 361 1100	'	216-07-7222	Mable	Jennings	4009	Bell Ave	•	
19.	7 U.				CAUSE OF DEA			,		A	APPROXIMATE INTERVAL
7	ox if				A sate a sail a s	1	ic cardio		an dico		WEEN ONSET AND DEATH
DISI	EASE OR COND LEADING TO		CTLY		Arterios	creror	ic cardic	Jvascul	iar disea	196	
(This do	es nat mean the		Ina. e.a		(A)IMMEDIATE (DIENICE OF				**********
heort foi	lure, osthenio, etc camplication whi	. It meons the	e diseose,		DOE 10, OK	AJ A CONSE	DOENCE OF:				
injory di	camplication with	cii coosed de	uii.)								
	ANTECEDENT	CAUSES			(B)						
	THE ABOVE CA				DUE TO, OR	AS A CONSI	QUENCE OF:				
UNDER	LYING CONDIT		IIING INE		(c)						
Ó-,,					(0/						
OTHER S	GNIFICANT CO	II NOTIONS C	ONTRIBU	TING							
O THE	OR CONDITION	RELATED TO	THE TERM	INAL							
					HICH OPERATION W	AS PERFOR	MED			21 41170	OPSY? (Yes or No)
131											
10	TERRIAL CALICE	WAG		loon n	ACE OF INITIBY		OOC WHERE DIE	dir. o. lu		11	YES
UNDERLY	TERNAL CAUSE ING OR CON CAUSE OF DEA	TRIB-		hame,	.ACE OF INJURY(e.g., form, foctory, street, offic	e bldg., etc.)	INJURY OCCUR	(If in Boltim	iare City, give ex	act lacation)	
≥ 22D. TIM	E (Month) (I	Doy) (Yea	r) (Hou	r) 22	E.INJURY OCCURRED		22F. HOW DID I	NJURY OC	CUR?		
OF INJUR (APPROX.)						WHILE					
23.				m. W	ORK L AT W	ORK [
	ertify that I h	eld an I	nguiry [Inspection Au	topsyXX	and that an	this bosis	, deoth in my	opinion	
re	sulted from: N	laturol cou	ses XX	Ac	cldent Suicio	ie 🔲 H	omicide		nined monner		
ACTI	IAI	7	10	,1	111		CHIEF MEDICAL				DATE SIGNED
200	ATURE 0	wold	U	K	and me	ASS	ISTANT MEDICA	LEXAMINER	: L3		
EXA/	MINER'S		•			ASS	OCIATE MEDICA	LEXAMINER			
		nald N	Kor	nhli	m, M.D.					gust 2	
24A. BURIAL C	CREMATION,	24B. DATE		240	NAME of CEMETERY			D. LOCATIO	N (City, tow	n, ar caunty	y) (Stote)
Burial		Aug. 2			Baltimore N			Baltime	ore, Mar	yland	
25A. DATE RE	C'D BY HEALTH	DEPT.	25B. N	IAME (OF REGISTRAR	25C.	FUNERAL DIREC	CTOR		DDRESS	70
	AUG 26	1069	00	15-	a. To a ma	Cha	arles R.	Law ,	ouz Madl	SON AV	/e•
VS 151-REV. 1/		- Gina	A PAR	U	Carried and		101				
- 0 101-KE7. 1/	. , 40				- N	0	() E W				

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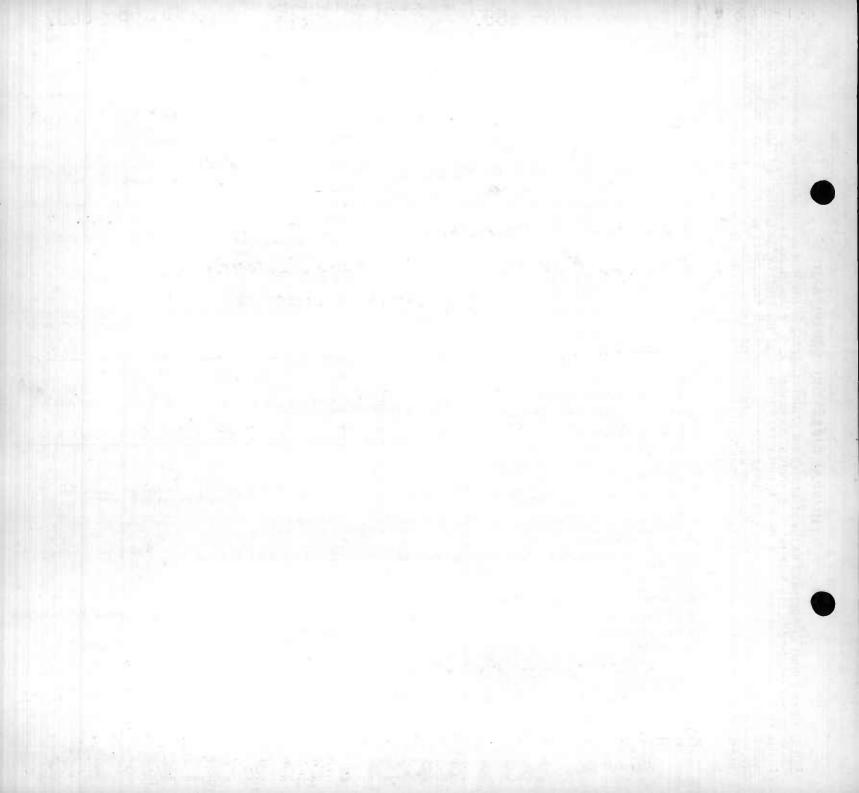
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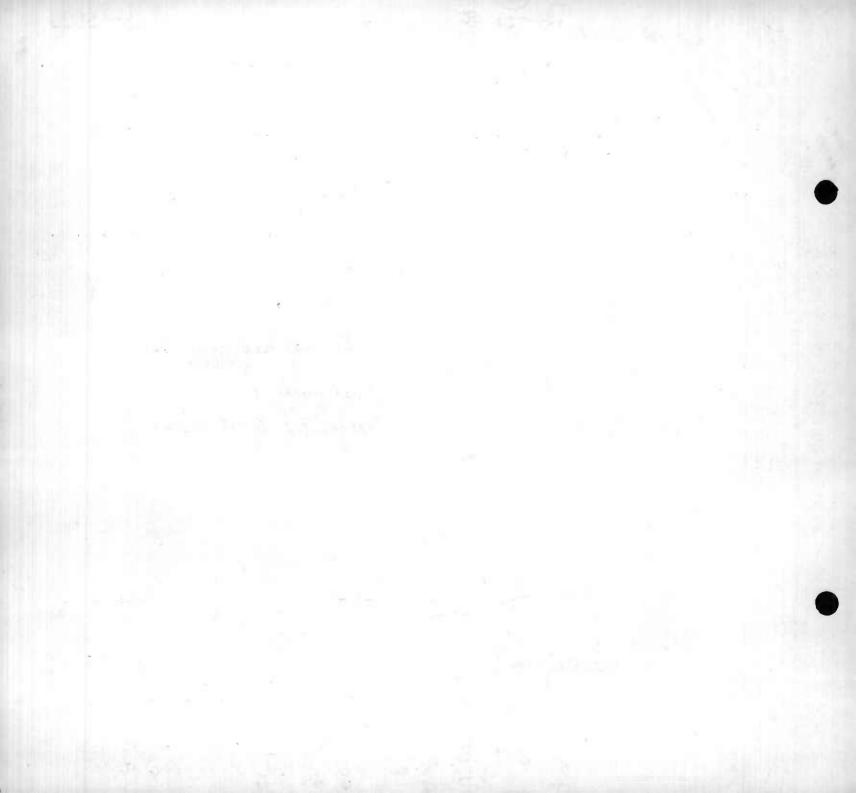
BALTIMORE CITY HEALTH DEPARTMENT

Ti 68- 8607

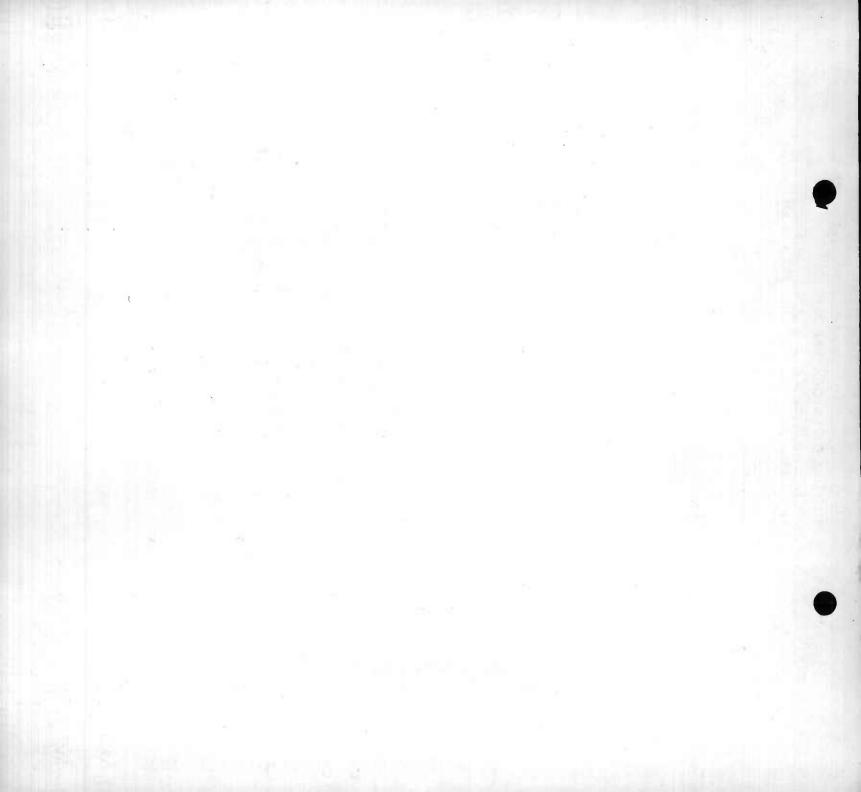
Type or Print) JOH N MORAN	hallene coo.	NOUNCES DIAB		Where deceated lived I	75.47 bir
FULL NAME OF HOSPITAL OR ADDRESS OR LE		TITUTION, GIVE STREET	A. STATE B. MARYLAND C. CITY OR TOWN	COUNTY	f institution: residence befare admis. NSIDE CITY LIMITS?
		LESCENT CENTER	BALTIMORE E STREET AND NUM 433 E. Lynn	BER	YES NO
SEX 6. RACE W	7. MARRII WIDOW	ED NEVER MARRIED DIVORCED	B. DATE OF BIRTH 12-6-85	9. AGE (In years last highday)	If Under 1 Yr. If Under 24 Manths Doys Haurs Mi
OA. USUAL OCCUPATION (Give kind of ane during most of warking life, even if retire	ed)	of Business or Industry	MARYLAND		U.S.A.
EDWARD MU	RAN		MATTY J.L	itch Fielb	
5. Was Deceased Ever in U. S. Armed 'es,na orunknawn) (If yes, give war ar		e) 16. SOCIAL SECURITY NO. 218-05-771	ADMISSION	RECORD	ADDRESS APPROXIMATE INTERV
		(R)	Mussells	ous Tereole	net som
TO THE DEATH BUT NOT RELATED T	(A) stoling (CONTRIBUTION TO THE TERMINA	(c)	A CONSEQUENCE OF:	us Jeresle uto Certali	use Jees
TISE IO THE ABOVE COUSE UNDERLYING CONDITION (ast.) H 2 0. II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED ID DISEASE OR CONDITION GIVEN IN 179A. DATE OF OPERATION 1798.	CONTRIBUTING TO THE TERMINA PART 1 (A).	(C)	A CONSEQUENCE OF: A CONSEQUENCE	ar Na) 208, IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
TISE IO THE ABAYE COUSE OF UNDERLYING CONDITION (asi.) H 2 0. I OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED TO THE DEATH SIGNIFICANT OF CONTRIBUTING CAUSE OF DEATH (notify medical exominet)	CONTRIBUTION TO THE TERMINA PART 1 (A). CONDITION FOR PERFORMED	(C)	20A. AUTOPSY? (Yes	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
TISE IO THE ABAYE COUSE OF UNDERLYING CONDITION TO SELECTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION STORE TO THE OF OPERATION TO THE OPERATION TO	CONTRIBUTION TO THE TERMINA PART 1 (A). CONDITION FOR PERFORMED	IG AL OR WHICH OPERATION 218. PLACE OF INJURY (e.g., in home, form, factory, steet, a	20A. AUTOPSY? (Yes	IN CERTIFYING	CAUSES OF DEATH?



1. N	TH NO. 68-10817 AME OF DECEASED or Print) Tolongon Vege		2. DATE AND H		
, y h	Johnson, Yvon	nne	8-22-		8:20 a.
3. F	LACE IN BALTIMORE, MARYLAND, WHERE PR	RONOUNCED DEAD	4. USUAL RESIDENCE (Where de A. STATE B. COUNTY	ceosed lived. If ins	stitution: residence before admissi
	LL NAME OF (IF NOT IN HOSPITAL OR I SPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	Maryland		10
INS	spital or ADDRESS OR LOCATION) TITUTION Provident Hospita	al	C. CITY OR TOWN	D. INSI	
1	9 1514 Division St		E. STREET AND NUMBER TO	•	YES NO
-	Baltimore, Maryla	and	1115 Argyl	a Amania	
5. S	EX 6. RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH 9. A	GE (In years	If Under 1 Yr. , If Under 24 H
		WED DIVORCED	6-8-68 lost	2½ mos.	Months Doys Hours Min
	USUAL OCCUPATION (Give kind of work 10B, KIN			country)	12. CITIZEN OF WHAT COUN
done	Unemployed		Baltimore, Mar	brelva	U. S. A.
13. 1	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	yranu	U. D. A.
			Catherine Barn	ies.	68- 8690
	Nos Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	100	ADDRESS
Yes	.no or unknown) (If yes, give wor or dotes of ser	vice) SECURITY NO.	Chart,		
	18. 7 446 9	CAUSE OF DEAT			APPROXIMATE INTERV
	INDERLYING CONDITION lost		Pneumma s A CONSEQUENCE OF: A CONSEQUENCE OF: ONE CAPITAL GRAN	***************************************	
ICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, grise to the above cause (A) staling UNDERLYING CONDITION last. 75 4 5 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMIDISEASE OR CONDITION GIVEN IN PART 1 (A).	iving (B)	Pneumme s a consequence of: oragenital hear	I direar	e .
RTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, grise to the above cause (A) stating UNDERLYING CONDITION last. 754,511 OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI	iving DUE TO, OR A The (C)	Ineumma s A CONSEQUENCE OF: ORIGENITAL GRAN	I direar	L INDINGS CONSIDERED
AL CERTIFIC	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, grise to the above cause (A) stating UNDERLYING CONDITION last. 75 4 5 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 194-DATE OF OPERATION [198. CONDITION	iving DUE TO, OR A The (C)	Preumme S A CONSEQUENCE OF: ONE genital hear 20A. AUTOPSY? (Yes or No) 20 IN	ob. IF YES, WERE FI	L INDINGS CONSIDERED
EDICAL CERTIFIC	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, grise to the above cause (A) stating UNDERLYING CONDITION last. 7.5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ING ING INAL FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)	Preumme S A CONSEQUENCE OF: ONE genital hear 20A. AUTOPSY? (Yes or No) 20 IN	J. J. durious OB. IF YES, WERE FI CERTIFYING CAU (If in Baltimore	EINDINGS CONSIDERED USES OF DEATH?
DICAL CERTIFIC	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, grise to the above cause (A) staling UNDERLYING CONDITION last. 75 4 5 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMIDISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	ING ING INAL FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)	Preumme S A CONSEQUENCE OF: ONE genital has a 20A. AUTOPSY? (Yes or No) 20 IN in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	J. J. durious OB. IF YES, WERE FI CERTIFYING CAU (If in Baltimore	EINDINGS CONSIDERED USES OF DEATH?
MEDICAL CERTIFIC	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, grise to the above cause (A) stating UNDERLYING CONDITION last. 7 5 4 5 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMIDISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	ING NAL FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) 21E. INJURY OCCURRED While At Not While Work	Preummes S A CONSEQUENCE OF: ONE genital Grave 20A. AUTOPSY? (Yes or No) 20 IN in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	OCCUR?	PINDINGS CONSIDERED USES OF DEATH?
MEDICAL CERTIFIC	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, grise to the above cause (A) stating UNDERLYING CONDITION last. 73 1 1 OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMIDISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	ING INAL Column	20A. AUTOPSY? (Yes or No) 20 IN in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJURY	J. durious OB. IF YES, WERE FI CERTIFYING CAU (If in Baltimore	PINDINGS CONSIDERED USES OF DEATH? Se City, give exact location)
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VS 150-REV. 1/1/6B



68- 8700 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

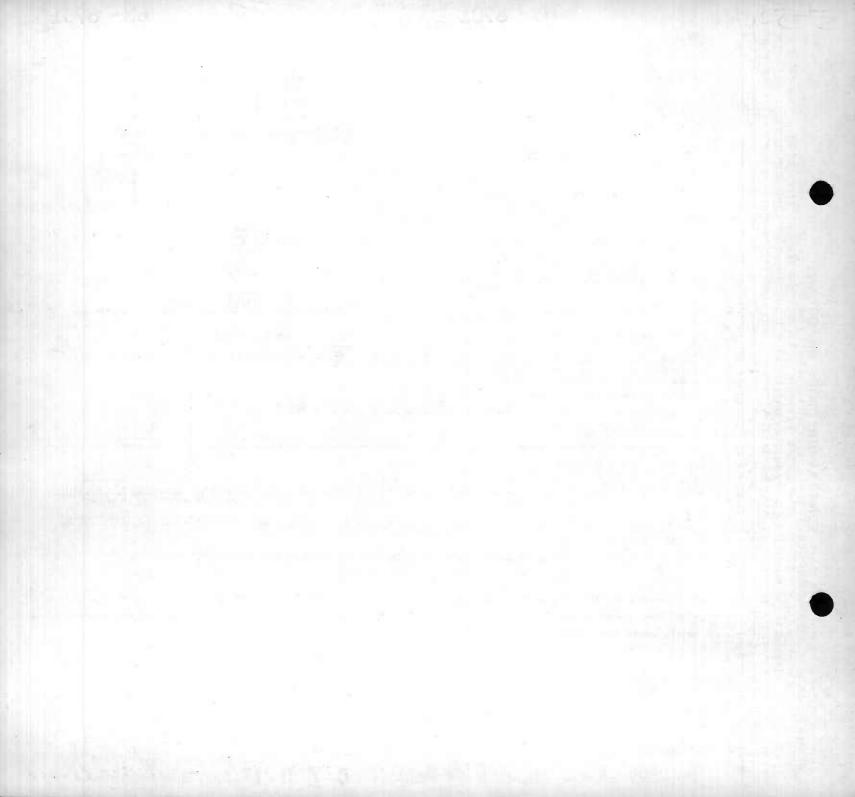
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=	TH NO.		-			CERTIFICATE OF DEATH REG. NO.
1. NAME OF DECEASED (Type or Print) CHARLES BLACKWELL				T A CIZTURE	т	2. DATE Known X Month Doy Year Hour OF DEATH Estimated August 24, 1968
4 1	DI ACE INI RAI				OUNCED DEAD	DEATH Estimated August 24, 1968 3. DATE Manth Day Year Hour
	L NAME OF				TION, GIVE STREET	PRONOUNCED DEAD
HO	SPITAL	ADDRES	S OR LOCAT	TION)		August 24, 1968 2:20 Pe, 5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
		Johns Ho	pkins	Hospit	cal (DOA)	A. STATE B. COUNTY Maryland
6. 5	SEX	7. RACE		B. MARRIED	NEVER MARRIED	C. CITY OR TOWN
	Male	Negro		WIDOWED	DIVORCED .	Baltimore YES X NO
9. [DATE OF BIRTI		10. AGE (In last birthday 47		Under 1 Yr. If Under 24 Hrs. nths Days Haurs Min.	
11.	BIRTHPLACE (S	tate ar fareian		12.	CITIZEN OF	13. FATHER'S NAME
			,		WHAT COUNTRY?	CHARLES BLACKWELL
44	MAR Y	T.AND PATION Give	kind of work]	14B. KIND O	RUSINESS OR INDUSTR	TY 15. MOTHER'S MAIDEN NAME
	during most of w	arking life, ever			TOTAL OF THE OTH	DAISEY
16	WAS DECEAS	ORER IN II	SAPMED	FORCES?	17. SOCIAL	18. INFORMANT ADDRESS
	s, na ar unknawn)				SECURITY NO.	TO. IN ORMAN
	19.	15 X			CAUSE OF DEA	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
	DISEAS	E OR CONDIT	ION DIREC	CTIV		BETWEEN CHALL AND DEA
		LEADING TO		-ILI	(A)IMMEDIATE	CAUSE Gunshot wound of chest
		at mean the m				AS A CONSEQUENCE OF:
		, asthenia, etc. I nplicatian which				
		NIECEDENI C		GIVING	(B)	AS A CONSEQUENCE OF:
Н	RISE TO THE	OR CONDITIO	SE (A) STAT	ING THE		
Z	UNDERLYIN	NG CONDITIC	IN LASI.		(c)	
CERTIFICATION	98 1	I FICANT CON		ONTRIBUTIN	G	
윤		CONDITION C				
RTI					R WHICH OPERATION W	VAS PERFORMED 21. AUTOPSY? (Yes or No)
S	2					Yes
AL	22A. EXTER	NAL CAUSE V	VAS	1228	PLACE OF INJURY(e.g.,	, in ar about 22C. WHERE DID (If in Boltimare City, give exact location)
MEDIC	UNDERLYING	OR CONTI	RIB-	hor	ne, farm, factory, street, affic	ice bldg., etc.) INJURY OCCUR?
		(Manth) (Da) (Haur)	sidewalk 22E.INJURY OCCURRED	In front of 407 E. Lanvale Street
	OF INJURY				WHILE AT NOT	T WHILE
	(APPROX.)	8-24-6	8 2:	00 P _{em.}	WORK AT V	work X Shot by unknown assailant
	23.	ify that I he	lal and the		Instruction D. Au	utopsy 🗵 ond that on this basis, death in my opinion
				nquiry		
	resul	ted from: Na	itural cou:	ses L	Accident L Suicio	de Homicide X Undetermined monner
	ACTUAL	19	1 0	() /	1 -	CHIEF MEDICAL EXAMINER DATE SIGNED
	SIGNAT		ass	7 1	S MIC MIC	ASSISTANT MEDICAL EXAMINER IX
	EXAMIN NAME (1		arles	S. Spr	ingate, M.D.	ASSOCIATE MEDICAL EXAMINER August 25, 1968
	A. BURIAL CREA		B. DATE	- 2	4C. NAME of CEMETERY	
	BURTAL		3/29/	68	Mt. Call	vary Cemetry A A County Md
$\overline{}$	A. DATE REC'D			258. NAM	E OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
						Adolphus Halstead 1206 W North A
		AUG 9	6 106	NAA	1 Soll Jon Bul	and thims harstead 1200 M Not the
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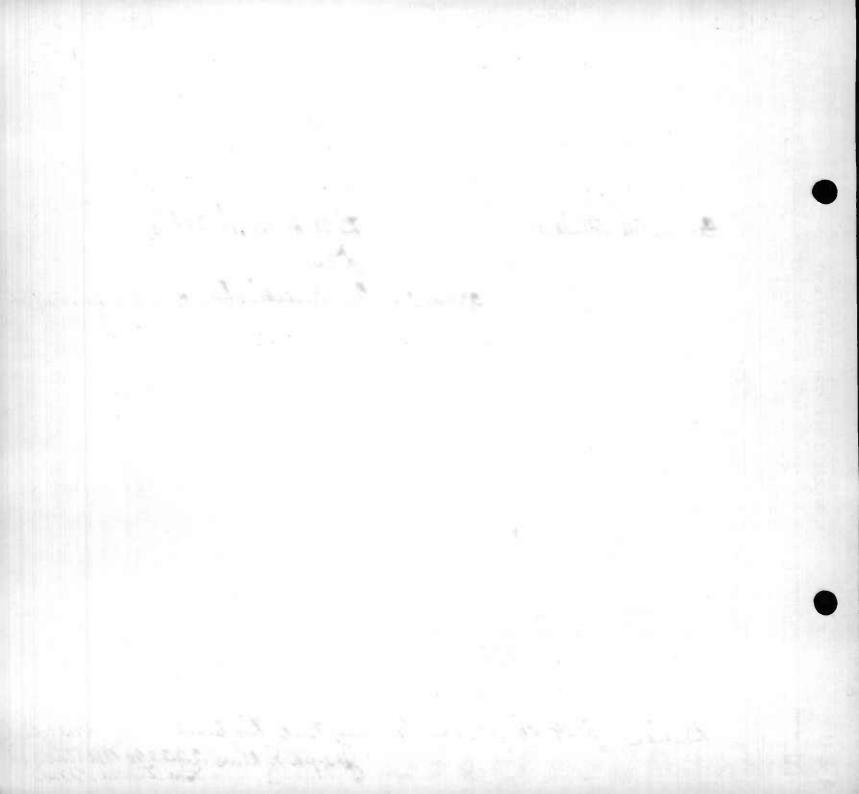
BALTIMORE CITY HEALTH DEPARTMENT



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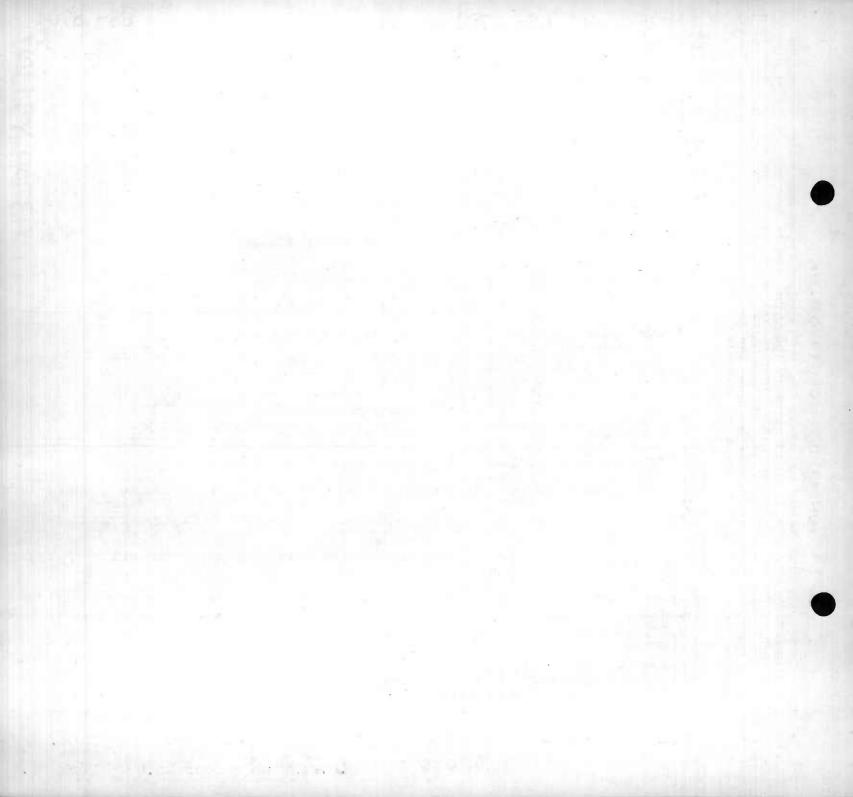
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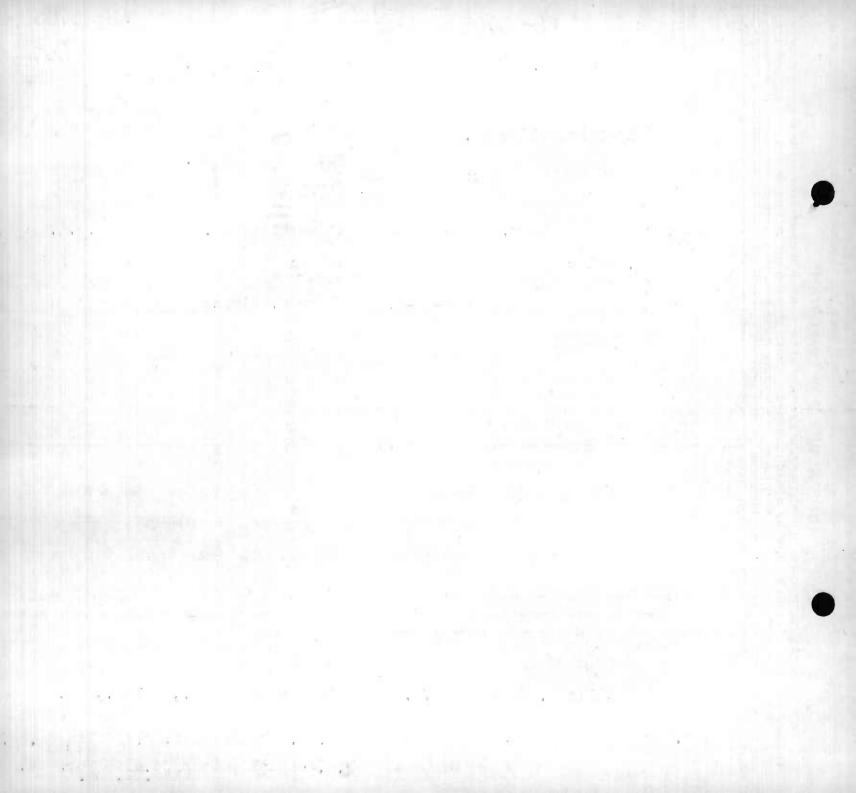
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VS 150-REV. 1/1/6B





BIRTH N	0	68	- 870	6 CERTIFICA	TE OF DEATH	REG. NO	00- 073
I. NAME	OF DECEASED	A 77 77 77				AND HOUR OF DEATH	030
(Type or Print) GELERT JACOBS KIRKWOOD					Au	g.23.1968	7 19
3. PLACI	E IN BALTIMORE,	MARYLAND, WI	HERE PRONOUN	CED DEAD	A. STATE B. COL	here deceased lived. If i	nstitution: residence before odm
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)					Maryland c. CITY OR TOWN DINSING CITY LIMITS?		
8	230 S	toney R	un Lane	9	Baltimore E. STREET AND NUMBER	- Prop Tono	YES X NO
5. SEX	6. RACE		7		B. DATE OF BIRTH	Run Lane	If Under 1 Yr If Under 2
F	W		WIDOWED 3		9-14-1884	losi Birthdoy)	Months Doys Hours
	AL OCCUPATION ng most of working life		108. KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT CO
	sewife		Own Ho	ome	Maryland		USA
13. FATH	ER'S NAME				14. MOTHER'S MAIDEN N	AME	
Fr	ederick	Jacobs			Louise Ly	ons	
1S. Wos I	Deceosed Ever in U	J. S. Armed Forc	es?	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
N		3 0		16-46-6647	Elizabeth	Kirkwood	Above
18.	112/1		4	CAUSE OF DEAT			APPROXIMATE INTE
DISE rise UNC	ANTECEL SASES OR CON In the above DERLYING COND ER SIGNIFICANT COND THE DEATH BUT NO ASE OR CONDITION DATE OF OPERATI	which caused DENT CAUSES DITIONS, if a couse (A) ITION last. II DINDITIONS CONDITIONS C	ny, giving slaling lhe ATRIBUTING E TERMINAL 1 (A).	(B)	A CONSEQUENCE OF:	ISEASC.	findings considered AUSES OF DEATH?
ERTIFIC 19A.1		WAS PERF	DKWED		No	IN CERTIFFING CA	CUSES OF DEATH?
A FOT A	ACCIDENT WAS	UNDERLYING [21B. PI	ACE OF INJURY (e.g.,	in or about 21 C. WHERE DID	(If In Baltimo	re City, give exact location)
F DEAT	TH (notify medical		etc.)	form, foctory, street, o	ffice bldg., INJURY OCCUR?		re city, give exact location;
OR OF DEAT	TIME (Month)		(Hour) 21 E. II	NJURY OCCURRED	ffice bldg., INJURY OCCUR?	NJURY OCCUR?	re City, give exact location;
OR OF IT	TH (notify medical	exominer)	etc.)	NJURY OCCURRED	21F. HOW DID II	ATURY OCCUR?	te City, give exact location;
OR OF IN (APPI	TIME (Month) NJURY ROX.)	exominer) (Day) (Yeor)	(Hour) 21 E. II While Work	AI Not While At Work	21F. HOW DID II		
OR CODEAT	TIME (Month) ROX.) Certify that (1)	(Tay) (Year)	(Hour) 21E. II While Work	NJURY OCCURRED At Not Whith At Work deceased fram	21F. HOW DID II	19 62 ta	8-23 19
OR CODEAT	TIME (Month) NJURY ROX.) certify that (I) (I) (we) last say	(Day) (Year) (this haspital) w the deceased	(Hour) 21E. II While Work attended the	NJURY OCCURRED At Not Whith At Work deceased fram	21F. HOW DID II	19 62 ta c	8-23 19
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QC C DEAT OF C P P P P P P P P P P P P P P P P P P	TIME (Month) NIJURY ROX.) I certify that (I) (I) (we) last say have and from the SIGNATURE PHYSICIAN'S NAME (Type) A1	(this hospital) w the deceased as causes state Gred G.	(Hour) 21E. II While Work attended the dalive on	NJURY OCCURRED At Not Whith At Work deceased fram	21F. HOW DID II 19 68 and view the bady after death and Director 23D. ADDRESS 1101 St. I	1962 ta that in (my) (our) op that in (my) (our) op the staff Phys.	19—23—19 Inian death accurred on the 23B. DATE SIGNED 8-26-68 Alto., Md.
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IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

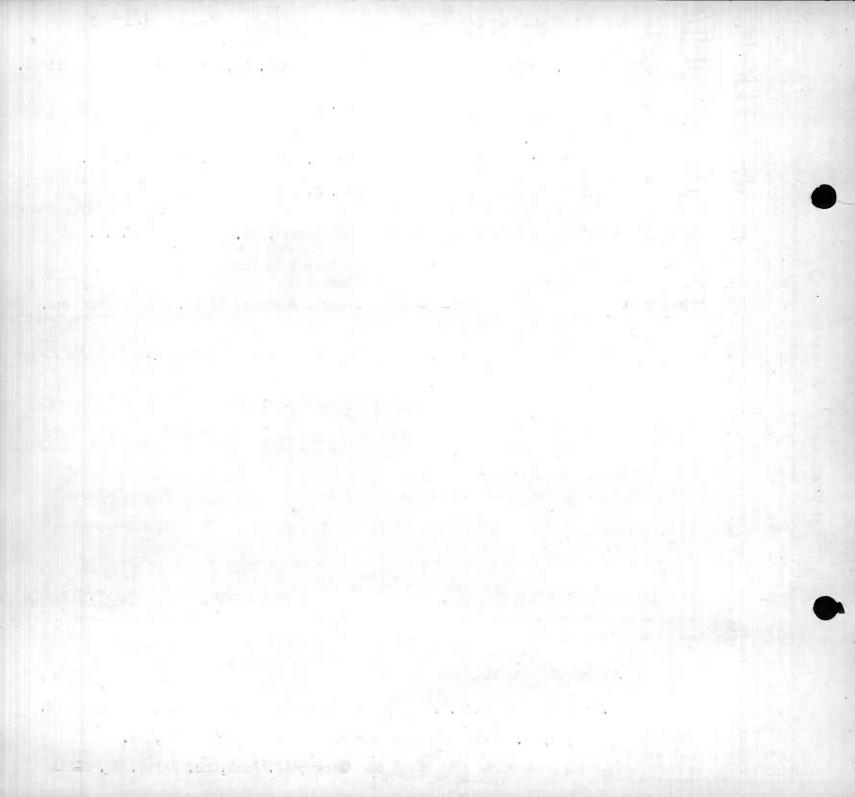
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wife Sharmania CHICA MEMORIAL HOSPITAL BY DO ROMAN AVERUE PF PFIPIS ST. H. J. BLAM Accountment Banking Provider mail midd JAMES CONKING TINW LESS COM THE ENGLISH PRESENT WASHINGTON COMPANY SIC Miller Street Control of the Street DE LAR DAUGHE LANGE BUT IN GENTS IN TO UNCHA 3.0 Christyne Ellen Egler HD N N N X William & Helffeld W. W. J. St. of the Source

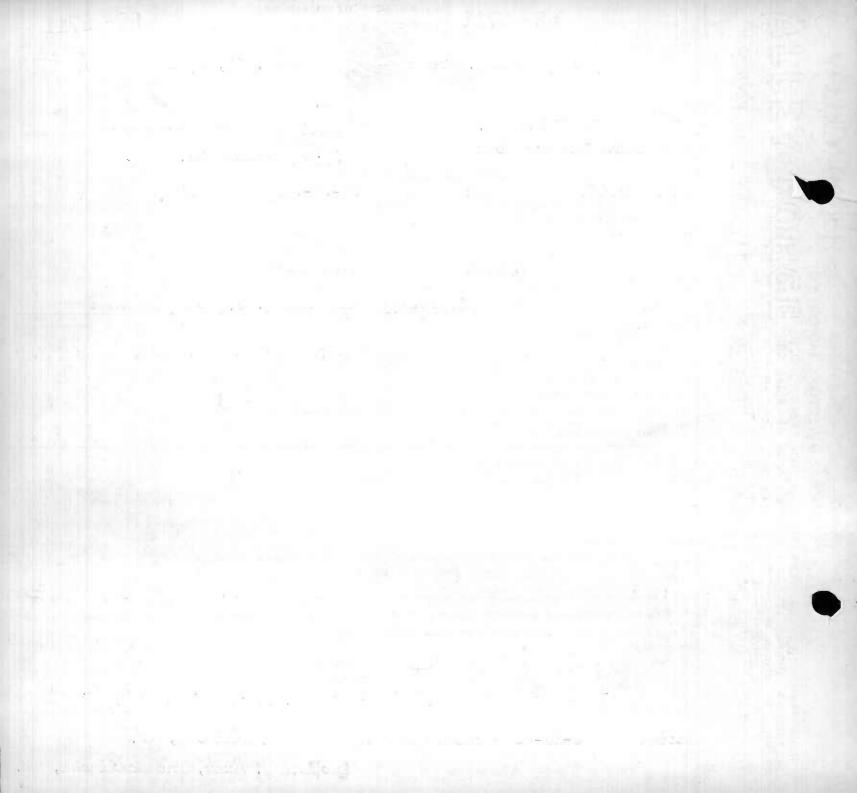
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68- 8713 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

68- 8713 BALTIMORE CITY HE	ALTH DEPARTMENT 68-8713
MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH
RTH NO.	REG. NO.
NAME OF DECEASED THOMAS J. QUINN	2. DATE Known Month Day Year Hour OF DEATH Estimoled Month M.
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL ADDRESS OR LOCATION) R INSTITUTION	PRONOUNCED DEAD August 23, 1968 1:55 P.M.
312 W. Camden Street	5. USUAL RESIDENCE (Where deceosed lived. If institution; residence before odmission) A. STATE Maryland B. COUNTY
SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED ☐ DIVORCED ☐	Baltimore YES X NO
April 12,1928. 10.AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	E. STREET AND NUMBER 522 S. 47th. Street
BIRTHPLACE(Stote or foreign country) Penna • 12. CITIZEN OF WHATEQUINTRY?	13. FATHER'S NAME Harry F. Quinn, Sr.
A.USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY	
ine during most of working life, even if retired) I.B.M. Operator	Mary Jane Gaynor
. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
es, no or unknown) (If yes give yor or dates of service) 214-20-4106	Mrs. Mary M. Quinn (Same)
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Asphyxia
(A)IMMEDIATE C	AUSE ASPTITATE S A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	Hanging
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. AUTOPSY? (Yes or No)
	Yes
22A. EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIB- Hotel	in or obout 22C. WHERE DID (If in Boltimore City, give exoct locotion) bldg., etc.) INJURY OCCUR? 312 W. Camden Street Room #8
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
(APPROX.) ? m. WHILE AT WORK AT W	WHILE X Hanged self
1 certify that I held on Inquiry Inspection Au	topsy X and that on this bosis, deoth in my opinion
resulted from: Notural couses Accident Suicid	
00 00 ().	CHIEF MEDICAL EXAMINER
SIGNATURE CLAS SIGNATURE	ASSISTANT MEDICAL EXAMINER X
EXAMINER'S NAME (Type) Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER August 24, 1968
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, lown, or county) (Stole)
Burial 8/27/68. Baltimore Nat:	ional Cemetery Baltimore, Md.
5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
2110 00 code to d and 87.0 m	Leonard J. Ruck, Inc. Balto. Md. 21214

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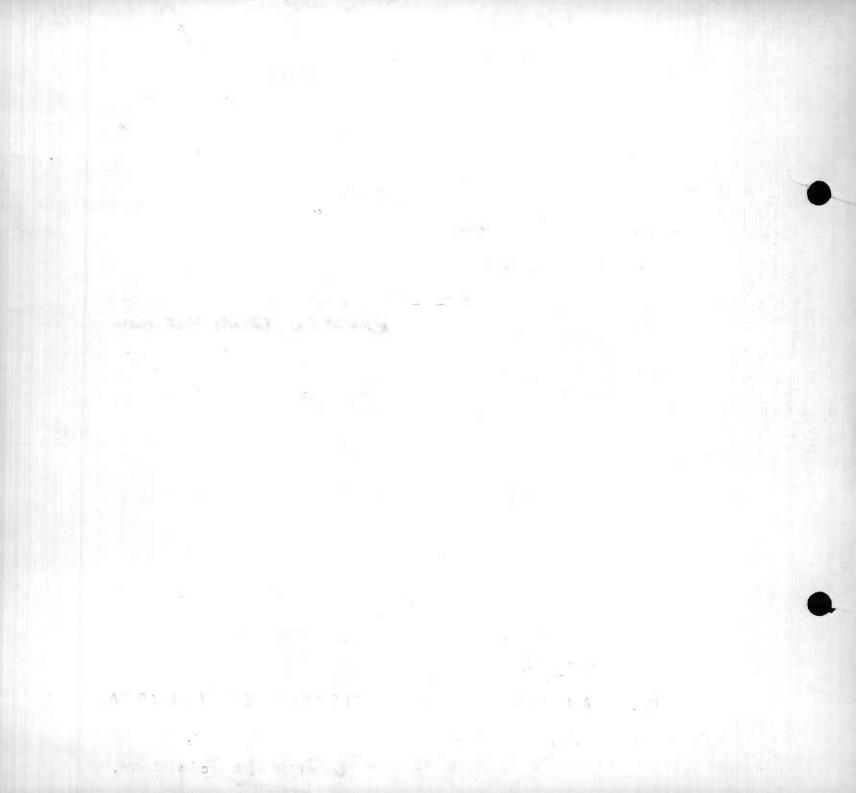
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68-8715 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH BIRTH NO NAME OF DECEASED 2. DATE Known 3 Month H. Giese (Type or Print) OF REGINALD CETTE Estimoted 8 20 68 11:00 am. DEATH DATE 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Month Day Yeor PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF 1968 20 ADDRESS OR LOCATION) August 11:00 ам HOSPITAL OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY 410 Hollen Rd. Maryland D. IN SIDE EITY LIMITS? 7. RACE C. CITY OR TOWN 6. SEX 8. MARRIED TO NEVER MARRIED WIDOWED Male. white DIVORCED Balto. 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months | Doys | Hours | Min. E. STREET AND NUMBER lost birthdoy) Jan 4-1897 71 410 Hollen Rd. 13. FATHER'S NAME 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? RYLAHT 14A. USUAL OCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired) Self Andaisia Sappington Realtor

16. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give wor or dotes of service) ADDRESS 17. SOCIAL SECURITY NO. 1B. INFORMANT Mrs. Florence H. Giese-410 Hollen Rd WW-1 070-09-2832_ CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE Gunshot wound of the brain (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF injury or complication which coused death.) ANTECEDENT CAUSES (B) DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)_ CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., etc.) INJURY OCCUR? 22A 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-410 Hollen Rd. Bathroom, 2nd floor UTING CAUSE OF DEATH. Home 22D. TIME (Month) (Hour) 22E INJURY OCCURRED 22F. HOW DID INJURY OCCUR? (Yeor) OF INJURY NOT WHILE (APPROX.) 20 WORK Subject shot himself I certify that I held an Inquiry Inspection XX Autopsy and that on this basis, death in my apinian Suicide XX Hamicide Undetermined manner Accident ___ resulted from Natural causes 1 CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATUR ASSOCIATE MEDICAL EXAMINER EXAMINER'S Edward F. Wilson, M.D. August 20, 1968 NAME (Type) 24C. NAME of CEMETERY or CREMATORY 24A. BURIAL CREMATION, 24B. DATE 24D. LOCATION (City, town, or county)

SIGNATURE
EXAMINER'S
NAME (Type)

Edward F. Wilson, M.D.

24A. BURIAL CREMATION, REMOVAL (Specify)

Burial

8/22/68

Loudon Park Cometery

Balto.

25B. NAME OF REGISTRAR

Mitchell-Wiedefeld Home, Inc.

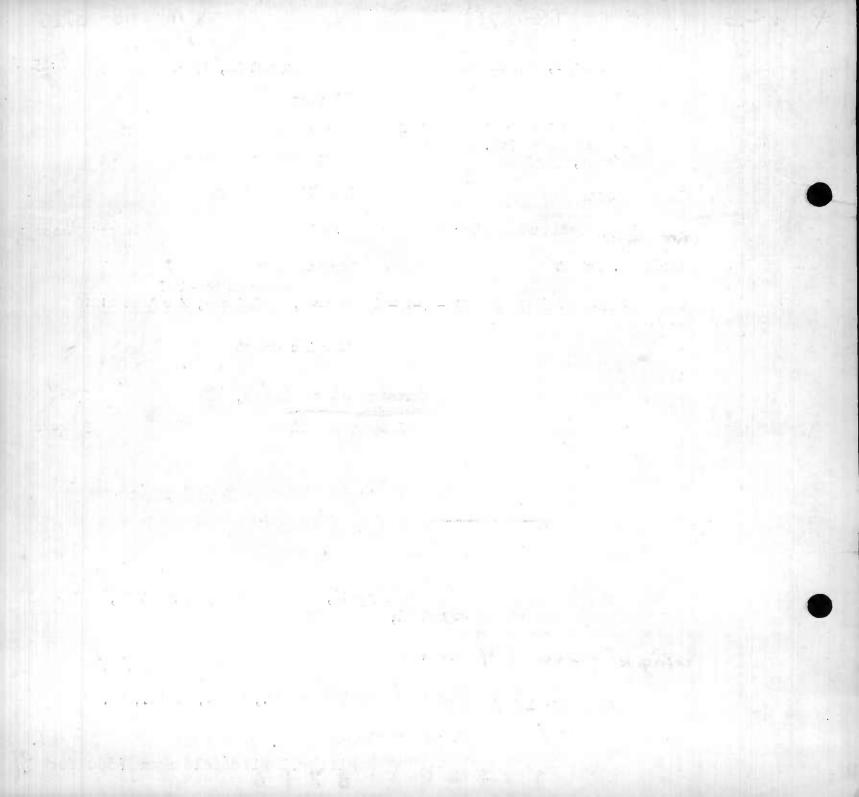
6500 York Road- 21212

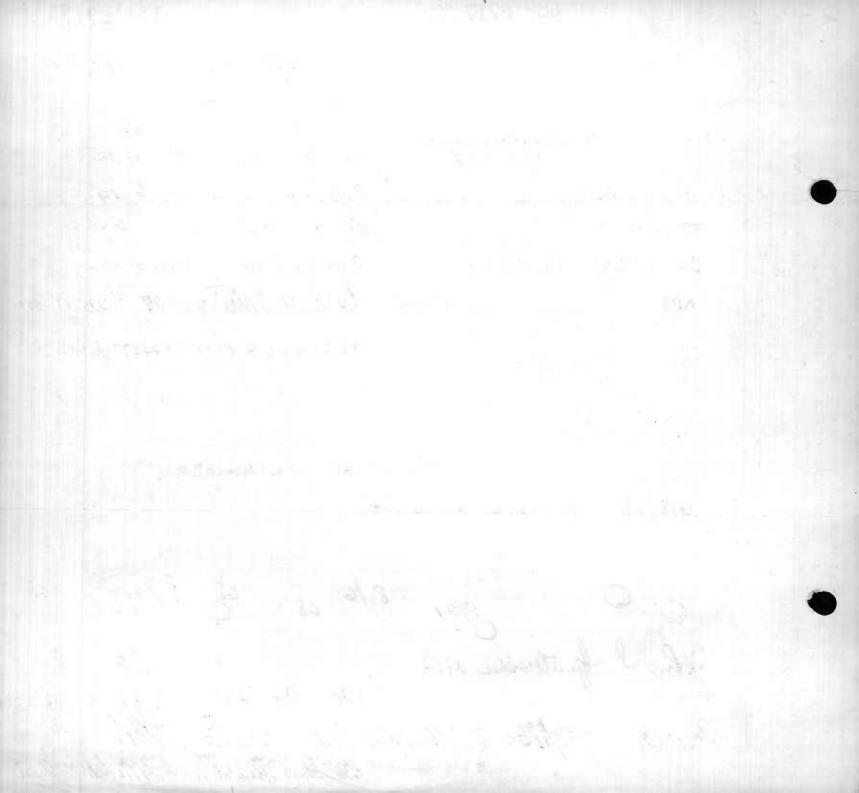
. A STATE OF THE 1 - 100-15-20 De Cheller II 15-15 DE 15-15 DE 15-15 who is the state of the later of Such

	68- 8	746 BALTIMORE CITY	HEALTH DEPARTMENT	REG. NO	68- 8716
IRTH NO.	00 0	716 CERTIFICA	TE OF DEATH	KEGINO	00 0110
NAME OF DECEASED			2. DATE AN	HOUR OF DEATH	
ype or Print)	ST, GORDO	WERR	Assert	22 1060	1 1. SP
. PLACE IN BALTIMORE, MARYL			4. USUAL RESIDENCE (Where	deceased lived, if ins	titution; residence before odmission
			A, STATE B, COUN	0.00	Px 53-00
OSPITAL OR ADDRESS	OR LOCATION)	STITUTION, GIVE STREET	Maryland	D INSIE	DE CITY LIMITS?
Veterans 4	dmini et rai	tion Hospital		D. 11431L	YES NO
2 3 3900 Loch			Baltimore E. STREET AND NUMBER		153 M
Baltimore,		4.	6003 Hunt Rid	re Pond	
SEX 6. RACE		IED M NEVED MARRIED		AGE (In years	If Under 1 Yr. , If Under 24 H
		IED NEVER MARRIED		ost birthdoy)	Months Doys Hours Min.
Male . White	WIDOV			57	12, CITIZEN OF WHAT COUNT
one during most of working life, even		OL BOSHAESS OK HADOSIKI	III. BIRTHFEACE (STOLE OF TOTAL)	in country)	12, CHIZEN OF WHAT COOK
Sales Manger Te	tired	Liquor	Maryland		United States
Sales Manger 3. FATHER'S NAME			14. MOTHER'S MAIDEN NAM	(E	
Charles H. Prie			Bertha Terry		
5. Was Deceased Ever in U.S. A es, no ar unknown) (If yes, give w	rmed Forces? or or dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT Vetera	ns Hospital	ADDRESS
Yes 2/3/42	to 3/19/45			imore, Mary	Land 21218
18.4/2,3	2/ // 4/	CAUSE OF DEAT		, ,	APPROXIMATE INTERVAL
DISEASE OR CONDIT	ION DIRECTLY				BETWEEN ONSET AND DEA
LEADING TO		(A) IMMEDIATE CAL	c Cardiac Arres	t	
(This does not meon the		DUE TO, OR AS	A CONSEQUENCE OF:		
hearl failure, asthenia, etc. injury or complication which		050,			120
ANTECEDENT	CAUSES	Coronar	y Artery Disease	. AND	2 YRS
DISEASES OR CONDITION		(B)	A CONSCOURTER OF	,	
rise to the obove cau			ary Emboli		3 Weeks
UNDERLYING CONDITION	lasi,	(c)			J 1100113
420.1 11	WENT ON				
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELA					
DISEASE OR CONDITION GIVE	NIN PART 1 (A).		120A	000 10 10	
19A. DATE OF OPERATION	98. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	10 CERTIFYING CAU	INDINGS CONSIDERED SES OF DEATH?
×			No		
21A. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE DEATH (notify medical examin	OF _	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	fice bldg., INJURY OCCUR?	(It In Boltimore	City, give exoct location)
21D. TIME (Month) (Doy	(Yeor) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJU	IRY OCCUR?	
(APPROX.)		While At Not While Work Not Work			
			37	. /0 0	1 00 /4
22. I certify that 以 (this	hospital) attende	ed the deceosed fromI11	TV 10.	9 68 to Augus	st 22. 19.68

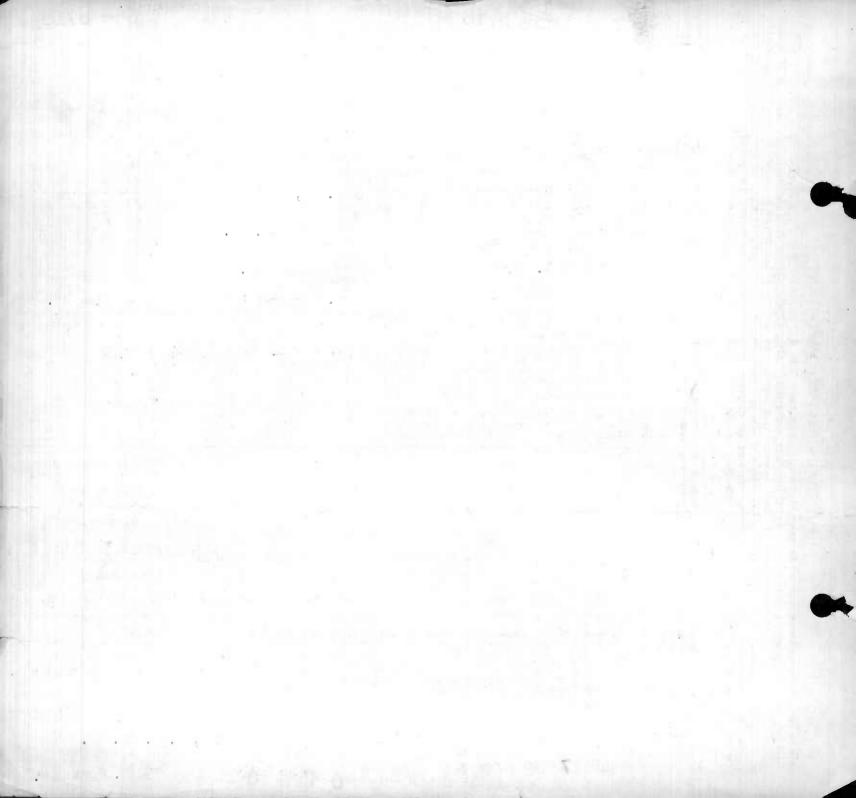
23 B. DATE SIGNED 23A. SIGNATURE Shabrial Yaska, M. D Attending Phys. Med. Director Staff Phys. 8/22/68 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS FAYEK GHA
24A. BURIAL CREMATION, 24B. DATE
REMOVAL (Specify)
Burial
25A. DATE Veterans Adm., Hosp., Balto., Md. GHABRIAL YASSA MD 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) 8/26/68 nal Cemt. Baltimore Md.

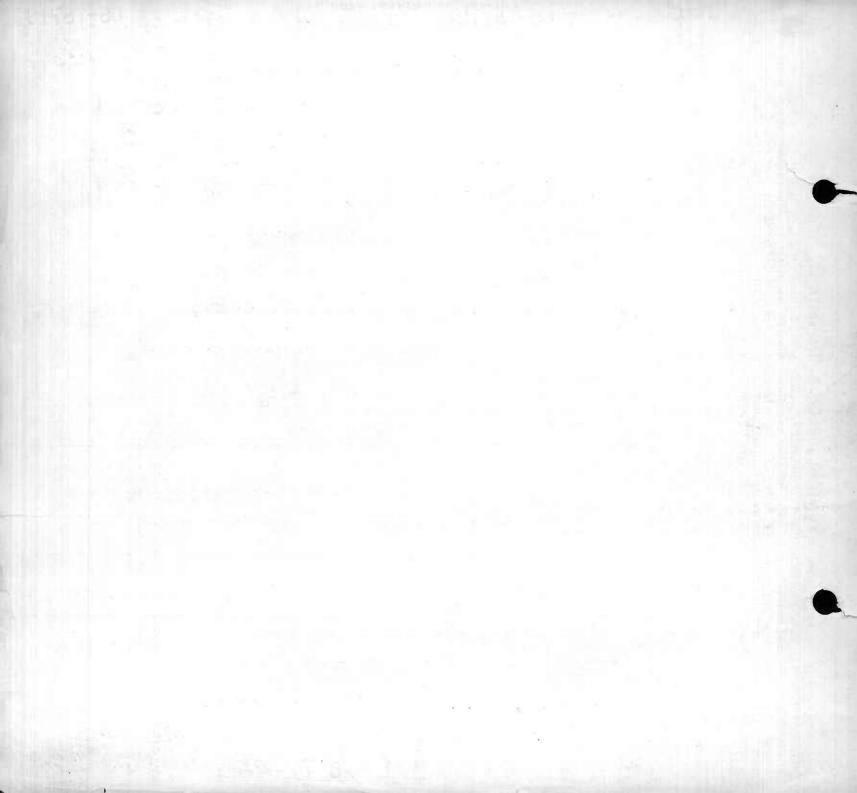
25C. FUNERAL DIRECTOR AODRESS
Mitchell Wiedefeld Home 6500 York Baltimore National VS 150-REV. 1/1/6B





VS 150-REV. 1/1/68





VS 150-REV. 1/1/68

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68-8721 BALTIMORE CITY HEALTH DEPARTMENT

68-	8721
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BIRTH NO.	WEL	JICAL E	XAMINER'S	LEKTIFI	CATE OF	DEATH	REG. NO)	012.	la .
1. NAME OF DEC (Type or Print)	INEZ	MAHONE		2. DATE OF DEATH	Knawn 🔀 Estimoted 🗆	Manth August	24,	1968	Hour	~
	TIMORE, MARYLAND,			3. DATE	UNICED DEAD	Doy	Yeor Hour			
FULL NAME OF HOSPITAL	(IF NOT IN HOSPIT		ION, GIVE STREET	PRONO	UNCED DEAD	August	24,	1968	11:15	P,
OR INSTITUTION			7 4	A CTATE	ESIDENCE (Where			on: residence l	before odmis	sion)
	Maryland Ge	eneral H	ospital (DOA)	A. STATE	Maryland	В.	COUNTY			
6. SEX	7. RACE	B. MARRIED	NEVER MARRIED	C. CITY OR	TOWN	C	. INSIDE	CITY LIMITS?	-chrystale	
Female	White	WIDOWED	DIVORCED 1	I	Baltimore		11:	YES X	NO T	
DATE OF BIRTH	lost hirthd	In years If U	nder 1 Yr. If Under 24 Hrs. ths, Doys, Hours, Min.	E. STREET	AND NUMBER					
April 27	, 1909	59		912 S	t. Paul St					
	tate or loreign country)		CITIZEN OF	13. FATHER	'S NAME					
	est Virginia		WHAT COUNTRY?		ed Mahone					
4A.USUAL OCCU	PATION (Give kind of work vorking lile, even il retired)	148. KIND OF	BUSINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN NAM	AE .				
Watire	ess	Res	taurant	Dana	Toler					
6. WAS DECEASE	ED EVER IN U.S. ARME	D FORCES?	17. SOCIAL SECURITY NO.	18. INFOR	TAAN		-	ADDRESS		
No		,		Mr. D	onald G. W	/illiams	Ona	. W. Va	B.	
19.	1.9		CAUSE OF DEA					AP	PROXIMATE IN	
DISEASI	E OR CONDITION DIRE	CTLY								
	LEADING TO DEATH		(A)IMMEDIATE C	ALISE Mass	sive intra	cranial	hemo:	rrhage		
	ot meon the mode of di osthenia, etc. It meons th		DUE TO, OR A	S A CONSEC	UENCE OF:					
injury or com	plication which coused de	oth.)								
	NTECEDENT CAUSES									
	OR CONDITIONS, IF AN	Y. GIVING	(B) DUE TO, OR	AS A CONSE	QUENCE OF:					
RISE TO THE	ABOVE CAUSE (A) STA	TING THE								
Z	o condition tast.		(c)							
O THE DEA	II FICANT CONDITIONS CATH BUT NOT RELATED TO CONDITION GIVEN IN F	THE TERMINAL				1	S.			
20A. DATE OF			WHICH OPERATION WA	S PERFORM	AFD.			21 AUTO	PSY? (Yes o	No)
5			The second of the	- I EKI OKIV					es (les	,
Z 22A EXTERI	NAL CAUSE WAS	[22B	PLACE OF INJURY(e.g.,	in or about 2	2C WHERE DID	If in Rollimore	Tity give a		.65	
UNDERLYING	OR CONTRIB-	home	e, form, foctory, street, office	bldg., etc.)	NJURY OCCUR?	ir ili bollimore (Jily, give e	der roconon)		
≥ 22D. TIME (USE OF DEATH. (Month) (Doy) (Yea	r) (Hour) 2	2E.INJURY OCCURRED	2	2F. HOW DID IN	URY OCCUR	>		4 10	
OF INJURY (APPROX.)		\	WHILE AT NOT	WHILE						
23.		m. \	VORK L AT W	ORK						
	ify that I held an	Inquiry 🗌	Inspection Au	apsy X	and that on th	is basis, de	oth in my	opinion		
	ed from: Notural cou	770	ccident Suicid			Jndetermine				
163011	O O	7	301619							
ACTUAL	(lung	1/2	1 7		CHIEF MEDICAL E	EX	1		DATE SIGN	IED
SIGNATU			John W.D		STANT MEDICAL E		2			
NAME (T	charles (ype)	S. Spri	ngate, M.D.	ASSC	CIATE MEDICAL E	XAMINER _	J A	ugust 2	25, 196	8
24A. BURIAL CREA	MATION. 24B DATE	24	C. NAME of CEMETERY	or CREMATO	DRY 24D. I	OCATION	(City, tow	vn, or county)	(Stot	e)
REMOVAL (Specif	8 28 (68	Mondower	lan	100	Dame	10 16	۵		
25A. DATE REC'D			Meadowrid		ELINIED AL DIDECTO		sey, M			
T _a	AUG 27 1968		RO IN A	250.	FUNERAL DIRECTO	JK .		ADDRESS		
		Mokey	y E. Chiney Fall		* 0 +	Mc Cu	17.	130 E	Fort	Ave
S 151-REV. 1/1/6B		1 28	0 0 0				· ·			-

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	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO	0122
١	1. NAME OF DECEASED (Type or Print) RUDOLPH MACE / MHU	2. DATE Known Amonth Doy OF DEATH Estimoted August 23, 19	Yeor Hour
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
-	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION) OR INSTITUTION	PRONOUNCED DEAD August 23, 19	68 5:35 P. M.
1	Church Home & Hospital (DOA)	5. USUAL RESIDENCE (Where deceosed lived. If institution: A. STATE Morral and B. COUNTY	residence before odmission)
1		Maryland	
	MARKIED NEVER MARKIED	C. CITY OR TOWN D. INSIDE CITY	LIMITS?
	THE WINDOWS DIVOKES	Baltimore YES	IX CNOT
	Tan-27 1911 lost birth av Months, Doys, Hours, Min.	38 N. Eden Street	1
	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME . May	
	14A USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR	15. MOTHER'S MAIDEN NAME	
	Labore Werking life, even it refired)	Martta Sand	
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADD	DRESS
	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 119-12-4126	Mome Mainor 1031 N. to	Mon Ane.
	19. CAUSE OF DEA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY Arterios	clerotic cardiovascular diseas	
	LEADING TO DEATH (A)IMMEDIATE		
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF:	
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	AS A CONSEQUENCE OF:	
	DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
	8 7		
	22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g.,	in or about 22C. WHERE DID (If in Boltimore City, give exact	Yes
- }	UNDERLYING OR CONTRIB-	te bldg., etc.) INJURY OCCUR?	
	22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) WHILE AT NOT	WHILE 22F. HOW DID INJURY OCCUR?	
	23. m. WORK AT V	VORK 🔲	
	I certify that I held on Inquiry Inspection . Au	topsy A ond that on this basis, death in my o	pinion
	resulted from: Notural causes 🔀 Accident 🗌 Suicident		
	0.000.4	CHIEF MEDICAL EXAMINER	
	SIGNATURE LLEAN J. 3221 M.E.	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	EXAMINER'S Challes S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER	August 24, 1968
	24A. BURIAL CREMATION, PARTIE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town,	or county) (State)
	Bur, AL 8-28-68 Mr. Aubur	e lem. Baltiman	my.
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	The state of the s	DRESS
	AUG 27 1968 B. S. S. S. Janburn	* 86 GARGO SK. 8	sh
L	VS 151-REV. 1/1/6B		14/

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68-8724 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	FXAMINER'S	CERTIFICATE	OF DEATH

68-8724

IDTU AIO	KEG. NO.	
IRTH NO.	2. DATE Known Month Day	Year Haur
NAME OF DECEASED ype or Print)	II OF	16 225
LLOYA DAVIS	DEATH Estimoted	68 323 AM.
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD	68 3 25 A M
OSPITAL ADDRESS OR LOCATION)		3 II M.
RINSTITUTION	5. USUAL RESIDENCE (Where deceased lived, Il institution: res	idence before odmission)
00 520 ORCHARD St	A. STATE MARY LAND	
	C. CITY OR TOWN D. NSIDE CHANG	MITS?
MARKIED 1 NEVER MARKIED	C. CITT OK TOWN	
MALC NEIRO WIDOWED DIVORCED	BALTIMORE YES	A NO 🗆
DATE OF BIRTH DIO AGE the years If Hoder 1 Vr. If Hoder 24 Hrs		
lost birthay) Manths Days Haurs Min.		eet
Noy. 21, 1903 69	1 520 Orchard Str	tel
1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
MHAT COUNTRY?	Im	
Hpporolox, UA. Uclif.		
A.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTR	17 15. MOTHER'S MAIDEN NAME	
ane during mast of warking life, even il retired)	+11 B. hlanes	
	L LL 10 10000	
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO.	1B. INFORMANT ADDR	ESS M) / e
es, na ar unknawn) (II yes, give war ar dotes of service) SECURITY NO. 211 - 09-81	STR ANNIE DEVENS 52	o Orchand)
	ATU STEEL ST	APPROXIMATE INTERVAL
19. Alla CAUSE OF DEA	AIN	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	1 (1 1/2 1)	
I SADING TO DEATH	etensive CARdia VASCULAR DIN	ms<
(A)IMMEDIATE		
(This does not mean the made of dying, e.g., heart failure, osthenia, etc. It means the disease,	AS A CONSEQUENCE OF:	
injury or complication which coused death.)		The base of the later of the la
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	R AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE		
UNDERLYING CONDITION LAST. (C)	20 20 00 00 00 00 00 00 00 00 00 00 00 0	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	VAS PERFORMED 21	. AUTOPSY? (Yes ar Na)
		NO
		110
	, in or obaut 22C. WHERE DID (If in Boltimare City, give exact la	cation)
S OTTO CONTROL	ice bldg., etc.) INJURY OCCUR?	
UTING LI CAUSE OF DEATH.	22F. HOW DID INJURY OCCUR?	
22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED		
(ADDDOV)	WORK	
23.	WORK L	
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resulted from: Notural couses 🔀 Accident 🗌 Suici	ide Homicide Undetermined monner	
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1071101 1.000	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE Werner, Zan (M.)	ASSISTANT MEDICAL EXAMINER	
()	ASSOCIATE MEDICAL EXAMINER	C-18-64
EXAMINER'S Wei-nei-11 15DITZ	ASSOCIATE MEDICAL EXAMINER	
NAME (Type)		
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	Y or CREMATORY 24D. LOCATION (City, town, or	county) (State)
REMOVAL (Specify)	1 1 1 1 1	111
1000 AC 8 7268 178 POMA	of 6- 14060HU101	011
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C FUNERAL DIRECTOR ADDI	RESS
and the same of th	- 180 - 1/50	- 1- /
AUG 27 1968 R. D. & E. Farley M.	Some Con SV. Co.	N/10-11-1
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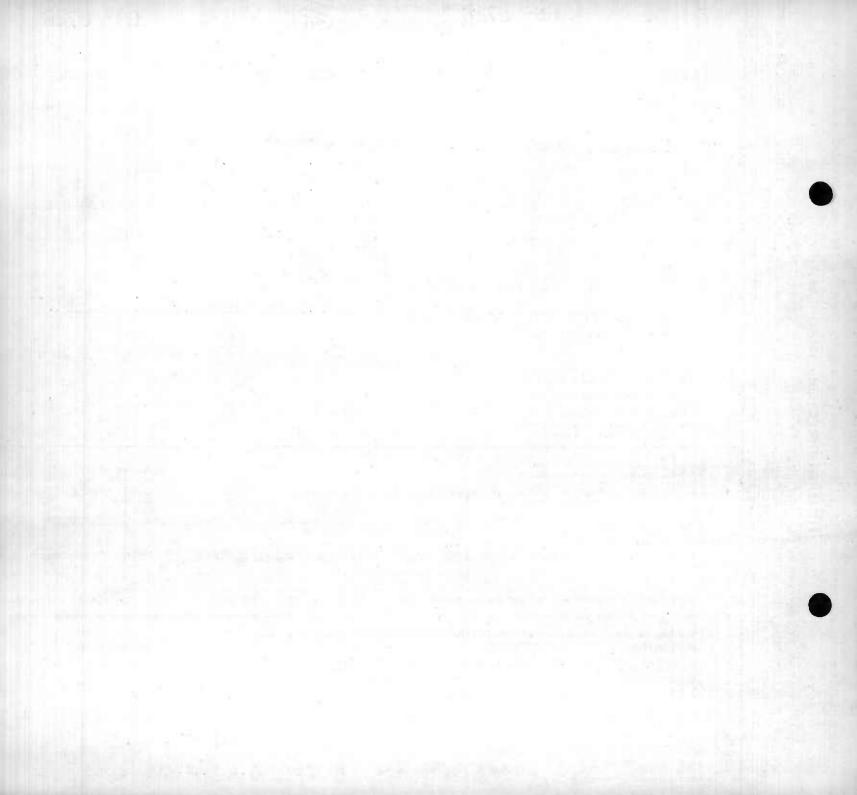
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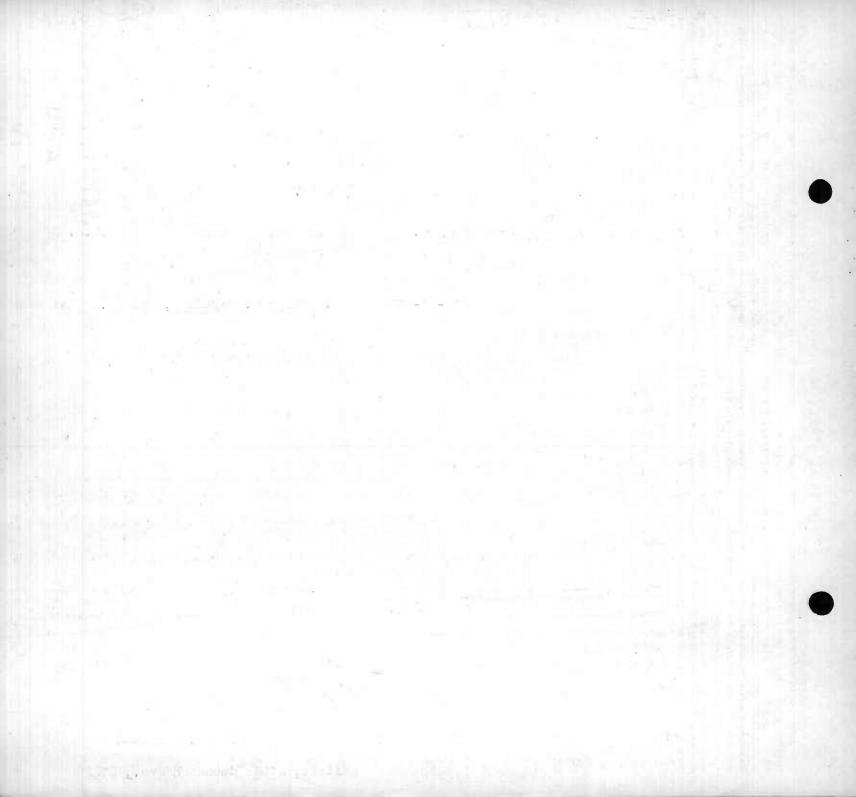
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DIRECTOR:

FUNERAL



D 5113 CO.	BALTIMORE CITY	HEALTH DEPARTMENT		68-8727
12-343 00-	8727 CERTIFICA	TE OF DEATH	REG. NO	00 0121
I. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
(Type or Print)			25, 1968	
Edna Revnolds 3. PLACE IN BALTIMORE, MARYLAND, WH	ERE PRONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If i	institutions residence befare admissia
		A. STATE B. COUN		A Para
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCAT	OR INSTITUTION, GIVE STREET	Maryland B	altimore	County SIDE CITY LIMITS?
NSTITUTION		Baltimore	D. 114.	YES NO NO
St. Agnes	Hospital	E. STREET AND NUMBER		152 140 🔯
1		928 St. Agn	es Lane	
SEX 6. RACE 7	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr. , If Under 24 Hr
	WIDOWED DIVORCED	6/6/1887	lost birthday)	Manths Doys Haurs Min.
OA. USUAL OCCUPATION (Give kind of work)		* *	gn cauntry)	12. CITIZEN OF WHAT COUNT
dane during mast of working life, even if retired)	m 43	D.111		YY 0 4
Seamstress 3. FATHER'S NAME	Tailoring Co.	Baltimore, Ma		U.S.A.
S. PAINER S NAME		14. MOTHER'S MAIDEN NAM	AE	
	Donnelly			
S. Was Deceased Ever in U. S. Armed Farce Yes, no ar unknawn) (If yes, give wor or dates		17. INFORMANT		ADDRESS
	216-01-7110A	Mr. George A.	Reynolds.	928 St. Agnes Lan
18. /// 9	CAUSE OF DEATH			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRE	CTLY		0 -	BETWEEN ONSET AND DEA
LEADING TO DEATH	(A)IMMEDIATE CAU	SE Congrety	numbous	bruse
(This daes not meon the made of a heart failure, asthenia, etc. It means the	lying, e.g., DUF TO OR AS	CONSEQUENCE OF:	W. TP-X. VV.	
injury or complication which caused d				
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, if an	(B) DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the abave couse (A) s				
UNDERLYING CONDITION lost.	(c)			
z 420,1 II	and the second			
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE	TERMINAL			1.00
▼ DISEASE OR CONDITION GIVEN IN PART	1 (A). TION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes at Na) 20R IF YES WEDE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDI	RMED	2071. 2010131: (168 01 110	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	/II la Raltima	ore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (natify medical exominer)	hame, farm, lactary, street, of	ice bldg., INJURY OCCUR?	(II III BUILIIII	ore city, give exact location;
<u> </u>				
21D. TIME (Month) (Day) (Year) OF INJURY		21F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While At Nat While Nat Wark			1
22. I certify that (1) (this haspital)	ottended the deceased from _	8/25 1	968 10	8/25 19 68
that (1) (we) lost sow the deceased	977	40		olnion deoth occurred on the d
ond hour and from the couses state	o obove. (I) (me)-(and) (did not) v	lew the body offer deofh.		23B. DATE SIGNED
2000	Atte	nding Med.	Staff	clastia
Temes / Wita-	DEGREE Phys	. Director	Phys.	920/08
23C. PHYSICIAN'S NAME IType)		3D. ADDRESS	7-1	
J 3NOC	DEGREE	1 Delen 00	Med Hz	29
AA. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	24C. NAME of CEMETERY OF CRE	MATORY 24D. LO	OCATION (City, tawn, ar caunty) 1State)
Burial 8/28/68	Western Cemetery	Rel	timore, Ma	miland
	5B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ormore, Ma	ADDRESS
AUG 27 1968	Loub E Fallema	Witzke, 4101	Edmondoor	



68- 8728 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. BIRTH NO 1. NAME OF DECEASED 2. DATE Known | Month (Type or Print) OF ERVIN J. JARRETT Estimoted DEATH August 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE 13. Month Hour PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF 1968 12:00 P.M. 22. August DRESS OR LOCATION) 5. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE B. COUNTY 2806 Ulmon Avenue Maryland Baltimore 6. SEX 7. RACE C. CITY OR TOWN D. INSIDE CITY LIMI 8. MARRIED NEVER MARRIED WIDOWED DIVORCED X Male White Baltimore YES X 9. DATE OF BIRTH 10. AGE (In years lost birthdoy) If Under 1 Yr. If Under 24 Hrs. F STREET AND NUMBER Months | Doys | Hours | Min. 11/21/15 2806 Ulmon Avenue 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? Virginia Jarrett 14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired) Painter Lula Gilley ADDRESS 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO. 18. INFORMANT (Yes, no or unknown) (If yes, give wor or dates of service) 231-14-6581 Mrs. Ruby Pierce, 2806 Ulman Ave., 21215 APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH Acute ethylism DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE Fatty -metamorphosis -of-liver (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, Injury or complication which coused death.) **ANTECEDENT CAUSES** DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. O 322,0 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) ZZA. 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exoct location) home, form, foctory, street, office bldg., etc.) INJURY OCCUR? EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month) (Yeor) (Hour) 22E. INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT (APPROX.) m. WORK AT WORK 23. I certify that I held on Inquiry Inspection Autopsy X ond that an this basis, death in my apinion resulted from: Natural couses X Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE Charles S. Springate, M.D. August 22, 1968 **EXAMINER'S** ASSOCIATE MEDICAL EXAMINER NAME (Type)

24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Cemetery Burial Bassett, Virginia 8/26/68 Blackberry 25C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR Witzke, 4101 Edmondson Ave., 21229

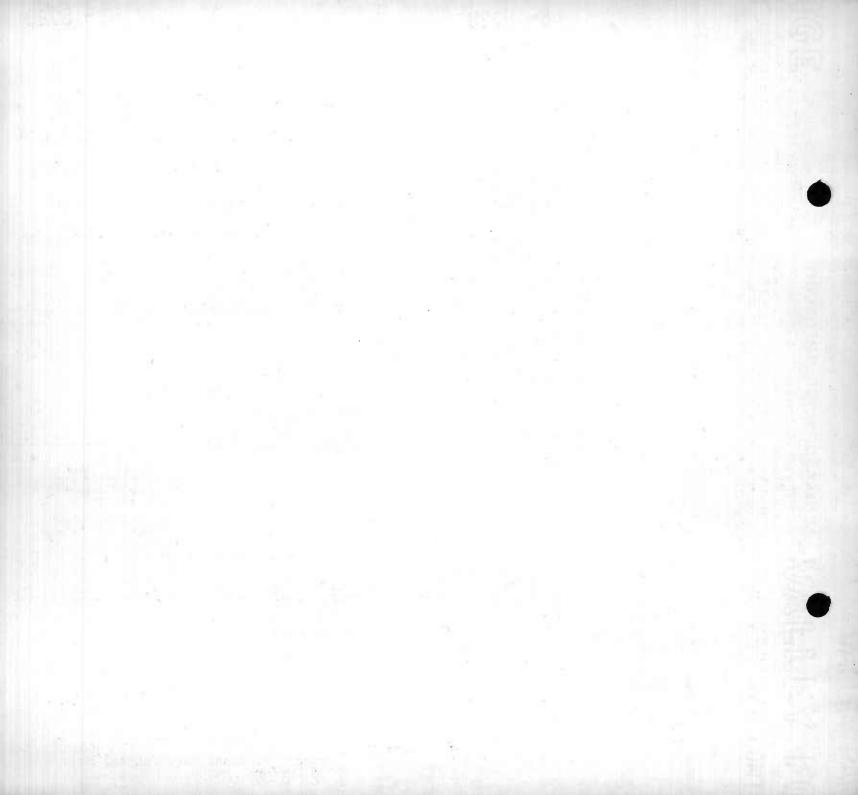
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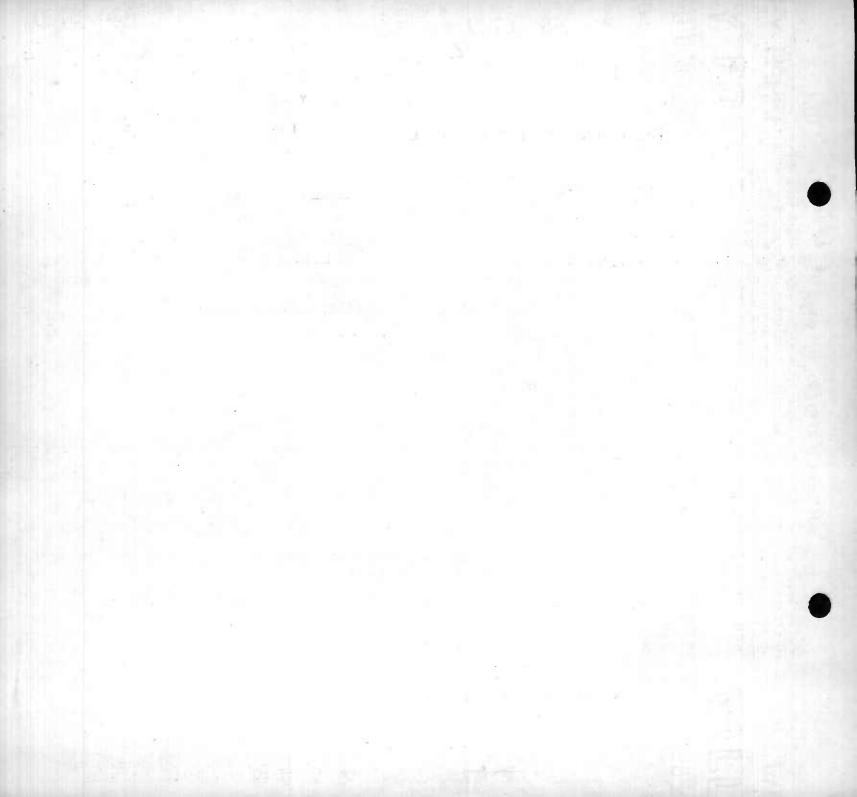


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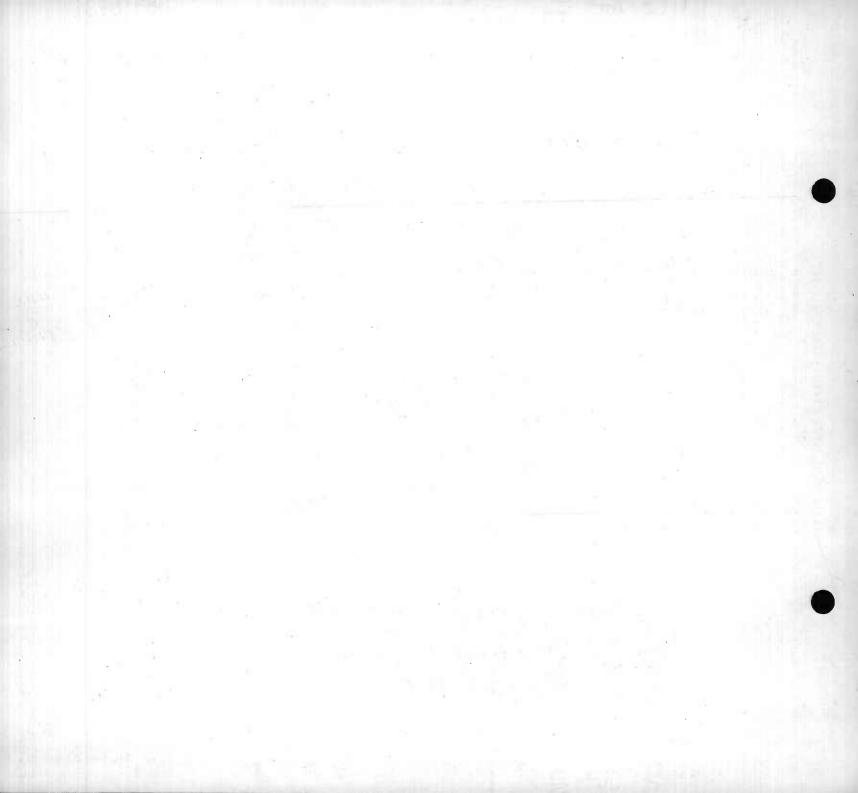
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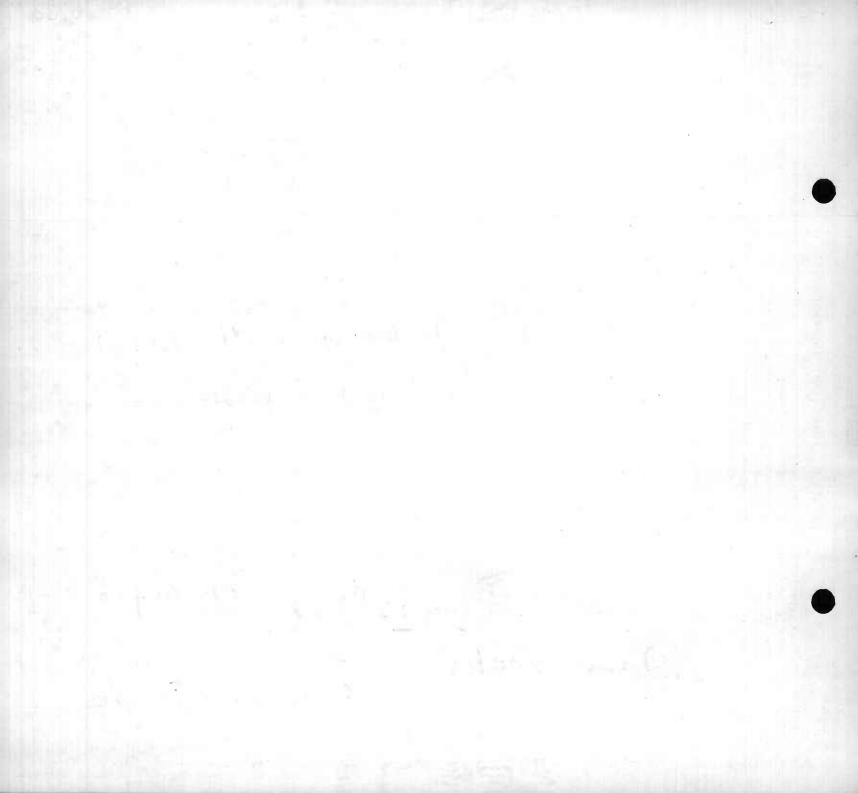


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N S	D. INSIDE CHY AMIS?
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	1019 you or old sell barta to
-	6. RACE 7. MADDIED DIEVED MADDIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hr.
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1	WILL WILL WIDOWED DIVORCED 11001/-/8900 /8
A	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTYPLACE (state or foreign country) 12. CITIZEN OF WHAT COUNTR
n	duna most of working tife, even if retired)
	Worter Refl store / Cana 4157.
7	FATTER'S NAME
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-	shown fulling for
	Was Deceosed Ever in U. S. Armed Forces? s, no shunknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.
65	112 Harry Jedkow Took
	10 1 1 1 0 1 0 xe was nevery former of our
	18. 4/ O. CAUSE OF DEATH
	DISEASE OR CONDITION DIRECTLY
	LEADING TO DEATH
	(This does not mean the mode of dying, e.g., (This does not mean the mode of dying, e.g.,
	heart failure, asthenio, etc. It means the disease,
	injury ar complication which coused death.)
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	DISFASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (B) BUE TO, AS A CONSEQUENCE OF: (C)
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VIION	DISFASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
CATI	DISFASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I. (A). 120A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
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EDICAL CERTIFICATI	DISFASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating like UNDERLYING CONDITION lost. (C) UNDERLYING CONDITION lost. (C) UNDERLYING CONDITION STONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I.A. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFITING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact lacolian) hame, farm, factory, street, affice bldg, INJURY OCCUR? DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact lacolian) hame, farm, factory, street, affice bldg, INJURY OCCUR? DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact lacolian) hame, farm, factory, street, affice bldg, INJURY OCCUR? While At Not While 21F. HOW DID INJURY OCCUR? While At Not While 21F. HOW DID INJURY OCCUR? 22 L certify that (I) (this haspital) attended the acceased fram 19
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EDICAL CERTIFICATI	DISFASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating like UNDERLYING CONDITION lost. (C) UNDERLYING CONDITION lost. (C) UNDERLYING CONDITION STONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I.A. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFITING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact lacolian) hame, farm, factory, street, affice bldg, INJURY OCCUR? DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact lacolian) hame, farm, factory, street, affice bldg, INJURY OCCUR? DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact lacolian) hame, farm, factory, street, affice bldg, INJURY OCCUR? While At Not While 21F. HOW DID INJURY OCCUR? While At Not While 21F. HOW DID INJURY OCCUR? 22 L certify that (I) (this haspital) attended the acceased fram 19
MEDICAL CERTIFICATI	DISFASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)
MEDICAL CERTIFICATI	DISFASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating like UNDERLYING CONDITION last. (C) DIFFER SIGNIFICANT CONDITION Last. (C) DIFFER SIGNIFICANT CONDITION LAST. (C) DIFFER SIGNIFICANT CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION (DEVEN IN PART I (A). 19A. DATE OF OPERATION DISP CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORMED 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, farm, factory, street, affice bidg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF Campaign and the factory of the deceased from the cause of the condition of the condit
MEDICAL CERTIFICATI	DISFASES OR CONDITIONS, if ony, giving tise to the above cause (A) stating the UNDERLYING CONDITION last. (C)
MEDICAL CERTIFICATI	DISFASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating like UNDERLYING CONDITION last. (C) DIFFER SIGNIFICANT CONDITION Last. (C) DIFFER SIGNIFICANT CONDITION LAST. (C) DIFFER SIGNIFICANT CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION (DEVEN IN PART I (A). 19A. DATE OF OPERATION DISP CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORMED 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, farm, factory, street, affice bidg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF Campaign and the factory of the deceased from the cause of the condition of the condit

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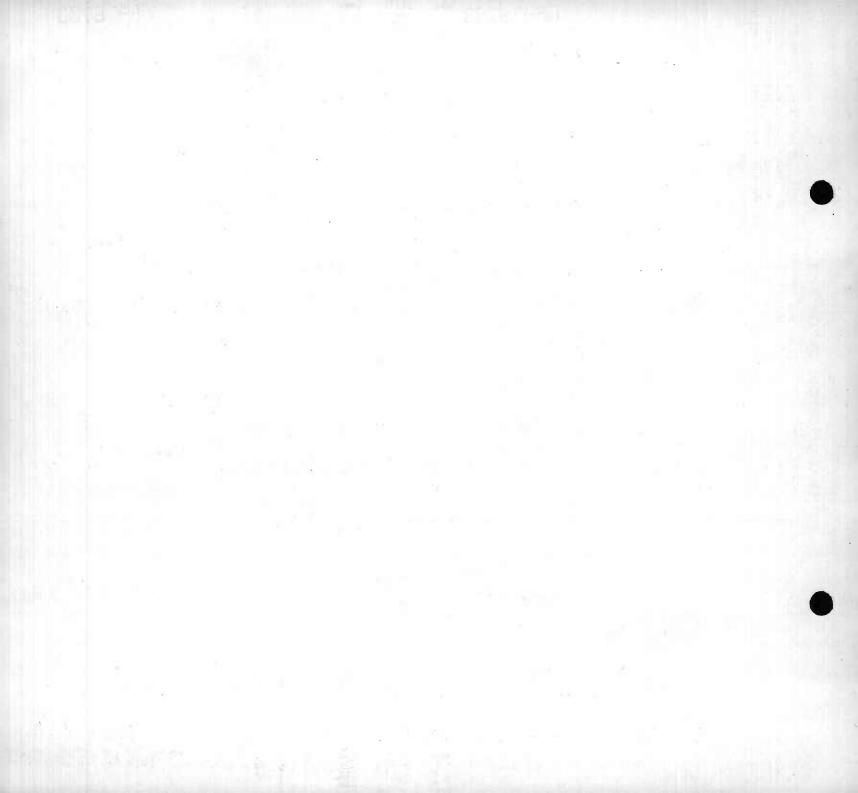
	00 0	BALTIMORE CITY	HEALTH DEPARTMENT	68- 8722
	68-8	CERTIFICA	TE OF DEATH REG. NO.	00 0732
	TH NO.		2. DATE AND HOUR OF DEA	NTH .
	De or Print REBECCA	KERNI	ER 8/23/19	168 10:45 PM
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY	If institution residence before admission
HC	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) STITUTION	STITUTION, GIVE STREET	C. CITY OR TOWN	NSIDE CITY LIMITS?
	1802 FORDLEIGH	D	BALTO	YES NO
-	00	NOAD	E. STREET AND NUMBER 3602 FORLEIGH	II RD
5. 5	SEX 6. RACE 7. MARE	NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	1 1 1 1 2 1 1 1 2 1 1 1
	F WIDON	VED DIVORCED	8/15/1875 lost birthdoy)	Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 108, KIN) during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12, CITIZEN OF WHAT COUNTRY
			POLNHO	y.s.a.
3.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
5.	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
Ye	s, no or unknown) (If yes, give wor or dates of servi	SECURITY NO.	MRS. BESSIE SAU	50
	118	CAUSE OF DEAT		APPROXIMATE INTERVAL
	IB. # 5 5 1	CAUSE OF DEATH	01/ 0 1/	BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Ceretin	al Vasancy Throm.	lavis 1 west
	(This does not meen the made of dying,	e.g., (A) IMMEDIATE CAU	A CONSEQUENCE OF:	12000
	heart failure, osthenio, etc. It means the dise injury ar complication which coused death.)	ase,	TO THE SECOND SE	
	ANTECEDENT CAUSES)	
		(B) (B)	oral ansensell	1024 Julas
	DISEASES OR CONDITIONS, if any, gi		A CONSEQUENCE OF:	, 0
	UNDERLYING CONDITION last.	(C)		
	332 X II			
0	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI			
ATI	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL		
CERTIFIC		OR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WI	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID (If in Baltifice bldg., INJURY OCCUR?	timore City, give exact location)
MEDIC	21 D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
8	(APPROX.)	While At Not While At Work		
	22. I certify that (1) (this hospital) attend	ed the deceased from	Dec 1957 to	aug 2-8 1968
	that (1) (we) lost sow the deceased alive	on aug 23		opinion death occurred on the date
	and haur and fram the causes stated above	e. (1) (We) (did) (did not) v	iew the bady after deoth.	
	23A. SIGNATURE	1		23B. DATE SIGNED
	I non flas	DEGREE Phy	Med. Staff Phys.	aux 24/468
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	-/ , -///
	IRVIN SAUBE	R	6 905 Vark 15,	15 Arc
24/		C. NAME of CEMETERY OF CRI	MATORY SRAEL 24D. LOCATION	(City, town, or county) (Stote)
	8/25/14/1	HAR ZION T	FERETH BALTO	Mo
25	A. DATE REC'D BY HEALTH DEPT. 258. NA.	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
	AUG 27 1968 0 0	of Establema	o Solowies ofeni, as	Jens 9610 Kelvilles le
_	IN 02			Road



IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT



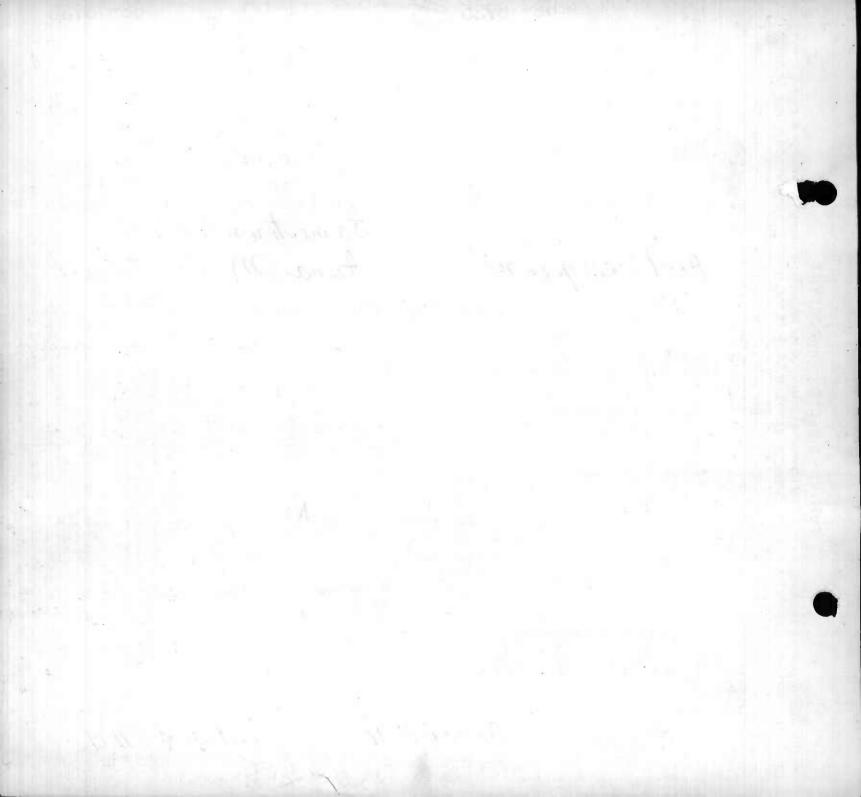
68- 8734 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

68- 8	87	3	4
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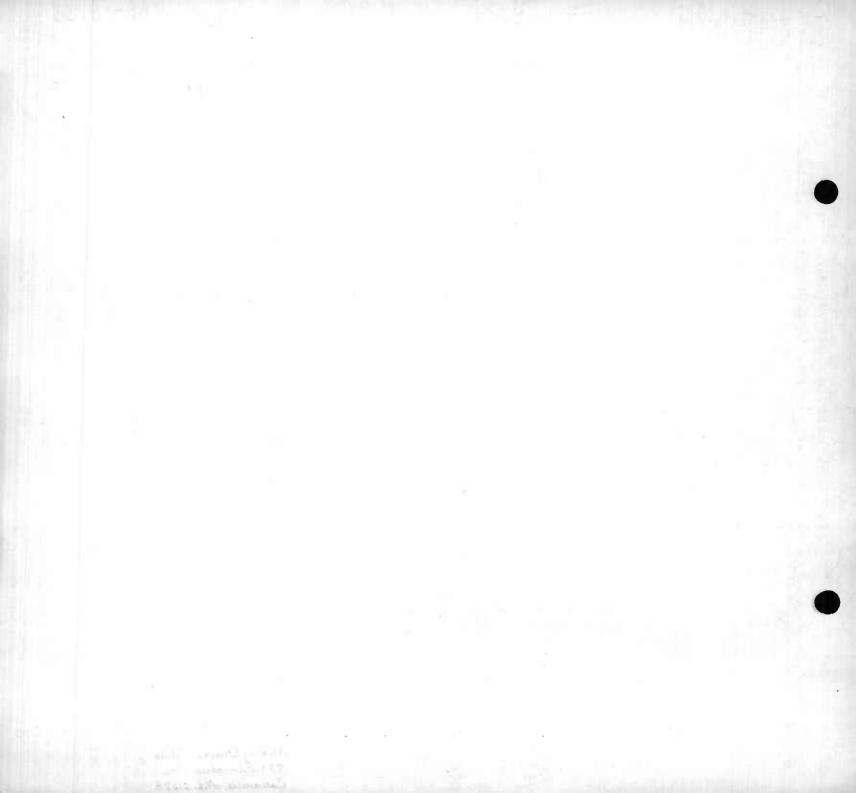
BIRTH NO.	77155		LAAMIINER 3 C		CATEO	DEATH	REG. NO.		
I. NAME OF DEC	EASED			2. DATE	Known 🔀	Month	Doy	Yeor	Hour
(Type or Print)	CAROL	NICHOI	LSON	OF DEATH	Estimated 🗌	August	: 23, 1	968	
4. PLACE IN BALT	TIMORE, MARYLAND,	WHERE PRO	NOUNCED DEAD	3. DATE		Manth	Day	Year	Hour
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	TAL OR INSTIT ATION)	TUTION, GIVE STREET		UNCED DEAD	August		968	1:20 P.
SK HOHOHON	Union Mer	norial	Hospital (DOA)	A. STATE	RESIDENCE (Where		. COUNTY	: residence	before odmission)
S. SEX	7. RACE		ED NEVER MARRIED	C. CITY OF	- 4		D. INS DE C	Y CIMITS?	
Fomolo	White	WIDOWE			Baltimore		/X 1	- 1	
Female	White		If Under 1 Yr. If Under 24 Hrs.		AND NUMBER		YE	s 🔼	NO L
	lost birthd	ay) A	Manths Days Hours Min.			. 1 D	1		
May 9, 19			o COTITED OF		4636 Keswi	ick Road	1		
1. BIRTHPLACE (S	tote or foreign country)		2. CITIZEN OF WHAT COUNTRY?	13. FATHER	'S NAME				
Baltir	ore, Maryland	1	USA	Willia	am Lee Wat	tson		4 5	
4A.USUAL OCCU!	PATION (Give kind of work rorking life, even if retired)	14B. KIND	OF BUSINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN NA	ME			
som A	ssistant	-	ist Office	Clar	rice Crost	nie			
. WAS DECEASE	ED EVER IN U.S. ARME	D FORCES?	17. SOCIAL	18. INFOR		4 95 6	AL	DRESS	
res, no ar unknown) No	(If yes, give wer or dotes	of service)	213 46 4269	Winn.	iam T Met	rean c	io mo		
19.			CAUSE OF DEAT		iam L. Wat	2011	ame		PPROXIMATE INTERVA
75	0,13				ts of barl	bitumet	o and		VEEN ONSET AND DE
	E OR CONDITION DIR	ECTLY	Comprised	errec			e and		
	LEADING TO DEATH		(A) IMMEDIATE C	AUSE		rium			0 n n 0 n n h n 0 0 0 n 0 0 0 0 0 0 0 0
heort foilure,	ot meon the made of d osthenia, etc. It meons th	e disease,	DUE TO, OR A	S A CONSEC	DUENCE OF:	1.7			
injury or com	plication which coused de	eath.)							
E 9 7 0 OTHER SIGN	IG CONDITION LAST. II IFICANT CONDITIONS C						7		
DISEASE OR	TH BUT NOT RELATED TO		YAL		es violente oppresse ses que violente oppresse oup ple del viol dypersonape entre oup oup di				
20 A. DATE OF	OPERATION 208. CO	NDITION F	OR WHICH OPERATION WA	S PERFORM	AED		4		OPSY? (Yes or No)
₹ 22A. EXTERI	NAL CAUSE WAS	[2	2B. PLACE OF INJURY(e.g.,	in or chaut	22C. WHERE DID	(If in Boltimore	City, give evo		
UNDERLYING	OR CONTRIB-	ĥ	iome, form, foctory, street, office	bldg., etc.) I	INJURY OCCUR?				
	USE OF DEATH.	\\	home		4636 Kesw				
OF INJURY			22E.INJURY OCCURRED		22F. HOW DID IN	DUKY OCCUR	(f		
(APPROX.) 8 2	(22 or 8/23/0	68 ? r	m. WHILE AT NOT AT W	ORK X	Took drug	g overd	ose		
1 certi	ify that I held an	Inquiry [Inspection Aut	lopsy X	and that an t	his basis, d	eath in my	opinian	
result	ted fram: Natural ca	uses	Accident Suicid	• X н	amicide 🗌	Undetermine	ed manner [
	00 0				CHIEF MEDICAL I	EXAMINER [
ACTUAL	in / her	8)	No -the	224	ISTANT MEDICAL I		X		DATE SIGNED
SIGNATU EXAMINE NAME (T	ER'S Charles	S. Sp	ringate, M.D.	,	OCIATE MEDICAL I			gust :	24, 1968
24A. BURIAL CREA	MATION, 24B. DATE		24C. NAME of CEMETERY	or CREMATO	DRY 24D.	LOCATION	(City, tawn	, ar county) (State)
Burial	01-11	a	Meadowridge Me	ama min 3	Park H	loward C	O. Md.		
25 A. DATE REC'D			AME OF REGISTRAR		FUNERAL DIRECT			DDRPSS	
				/	10	- / /	A 100 mg		
	AUC 6 7 4000	00	e O I no	1	mu Cx	Cally	and the	me.	
	AUG 27 1968	Rela	ub E. Fabrunia	Sai	mes E. Bru	yzdzinsk	1407	Easte	rn Ave.

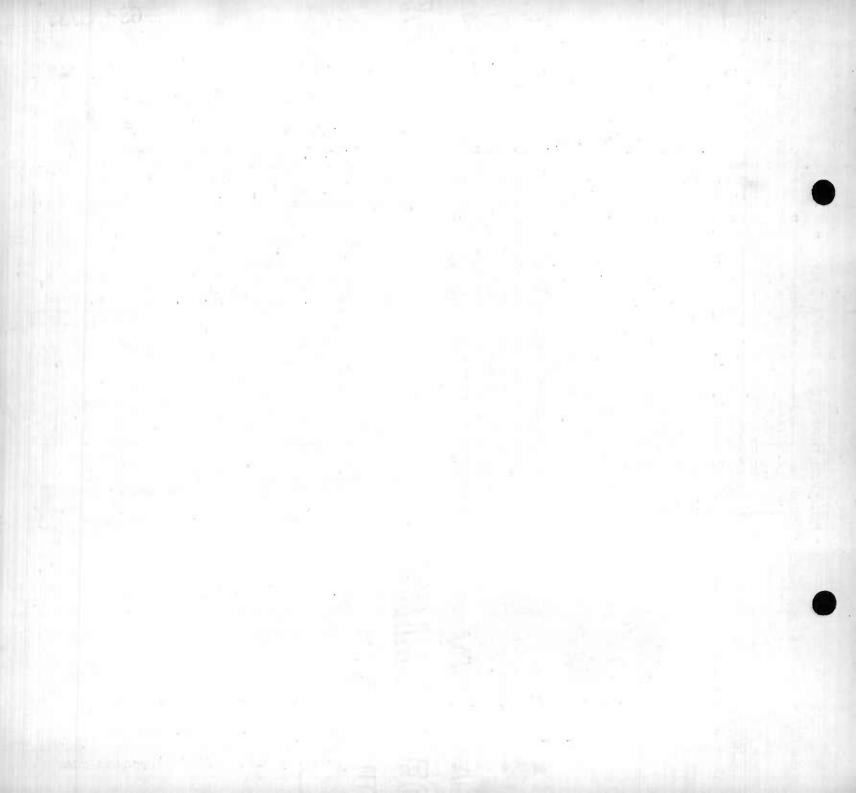
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co_ 8	736 BALTIMORE CITY	HEALTH DEPARTMENT	Registered No	68- 8736
BIRTH NO. M.E. CASE NO.	736 CERTIFICA	TE OF DEATH	Registered No	90 0100
I. NAME OF DECEASED (Type or Print)	MARY SUE R	111.16 1.10	HOUR OF DEATH	
Mary Sue Rue	Let	0 -	25-68	8415 B
. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNT	deceased lived. If in:	stitution: residence before admission
FULL NAME OF (If not in haspital or institu	tion, give street	Virginia		13
HOSPITAL OR oddress or location)		11		URAL ond give township)
The Gunder San	itaruva lac	100-1-01/2		
The Gunder San 20 2 N. Wichlam	Rd,	D. STREET ADDRESS (If r	urol, give location)	
Baltimor.	-, Md -21229			
F 6. RACE White 7. MAI WID	WILL OWEL		AGE (In years	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
DA. USUAL OCCUPATION (Give kind of work 108, KIN			n country)	12. CITIZEN OF WHAT COUNTRY?
one during most of working life, even if retired)		2,0,		USA.
FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
TB Done Idson		Wilson		
5. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dotes of ser	1 6. SOCIAL SECURITY NO.	17. INFORMANT	itz - /	305 Robin Hord La
NONE	NONE	Mrs Albert D	. Schutz	Merrian Kansas
18. 0 10. 4	CAUSE O	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	IAI C	Roman ordenia		3-4 lu
(This does not mean the mode of dying, heart foilure, asthenia, etc. It means the dis	e.g., DUE TO	ronon orderio	***************************************	
injury or complication which caused death.)	036,	-+ 0		Λ
ANTECEDENT CAUSES	(B) CO7	oney arlang a	hean	Moon min 1960
DISEASES OR CONDITIONS, if any,	001 10			
rise to the obove couse (A) stating		MANANO O O O O O O MAGO O O O O O O O O O O O O O O O O O O	8 m # 0 (~ n o o o o o o o o o o o o o o o o o o	
UNDERLYING CONDITION Iosi.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20R IF YES WEDE E	INDINGS CONSIDERED
19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED	TOK WITTON OF EXAMINITY	2011 A010131; 1103 01 1107	IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	218, PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	home, form, foctory, street, o			,
2				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX.)	While At Not While Work At Work			
22. I certify that (I) (this hospital) attended	led the deceased from	on 21 1	960 to A 4	25 1968
that (i) (we) lost saw the deceased alive	^			
	/		Tin(my) (oox) apir	nion deoth occurred on the do
ond hour and from the couses stated abo	ve. (I) (We) (did) (distance)	view the body ofter death.		
23A. SIGNATURE			. "	23 B. DATE SIGNED
Machel K. June	M.D. Att.	s. Med. Director	hy s.	F-25-68
23C. PHYSICIAN'S NAME (Type) Rachel K. Gund	r v M.D.	23D. ADDRESS. The Grun	dry Savita	Beltrupe Nd2122
4A. BURIAL CREMATION, 24B. DATE 2	C. NAME of CEMETERY OF CR	EMATORY 24D. LC	CATION (Cit	y, town, or county) (Stote)
Burial Aug 28,196	8 Christ Esp.	Ch. Cemt. Gr	eennille	South Carolin
	ME OF REGISTRAR			
6110 - 6 6	De is E atapay	25C. FUNERAL DIRECTOR	ig Funeral Esta	ADDRESS ADDRESS
AUG 27 1968 (1)	Gray of Dacking	1 366	Edmondson Ave	4
/S 150-REV. 1/1/65			wille Ald 2122	

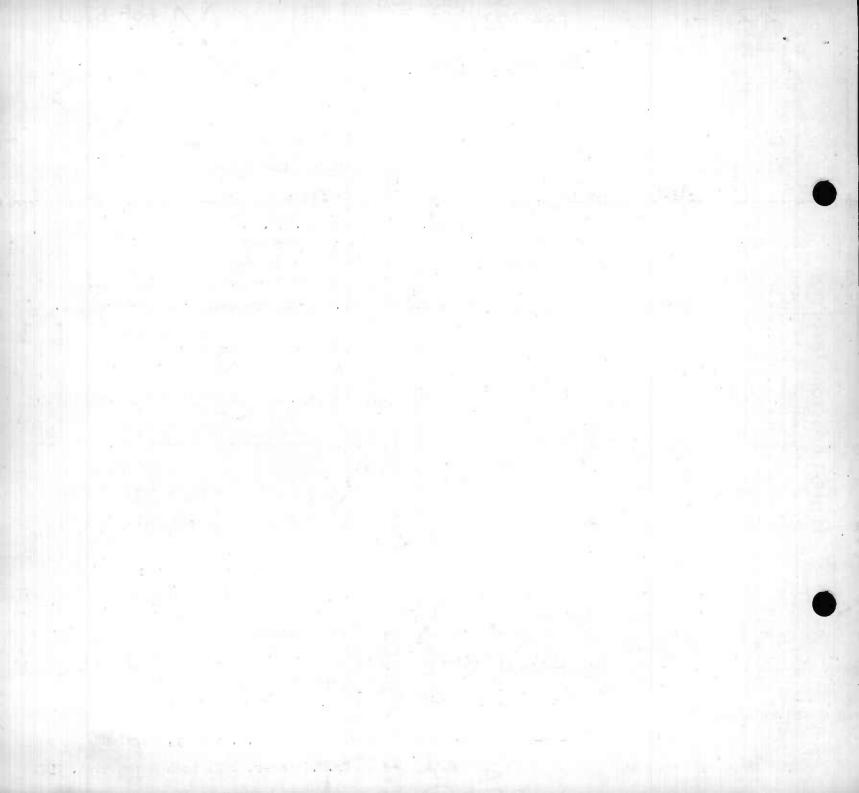




68-	8738 BALTIMORE CITY	HEALIH DEPAKIMENT	Don to sellar	68- 8738
BIRTH NO. M.E. CASE NO.	8738 CERTIFICA	TE OF DEATH	Kegistered No	00 0700
1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	- 1241
Type of Print) ANNIE BIL-	ZABETH JEN	KINS AUG	5 1961 12:1	12151
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	re deceased lived. If inst	titution: residence before admissio
FULL NAME OF (If not in hospital or instit	ution, give street	MD, the	THERE !	
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If our	side city limits, write Pl	RAL Ad give township
77)		BALTIMON	B 1	act.
GOULD CONVALESA.	KIDM	D. STREET ADDRESS (If	rurol, give location)	2/2/8
		1627 KINS	MATRI	7/2/
	RRIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdov)	If Under 1 Yr. If Under 24 Hi Months Doys Hours Min.
FW	NIOONER	OCT. 26,1892	75	
OA. USUAL OCCUPATION (Give kind of work 10B, KII lone during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF WHAT COUNTRY?
HOUTE WIFE		MARYLAND		1154
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	07-1
1044 400	January .	4. 4	11.	
OHN ADRION 5. Wos Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	MARTHA 17. INFORMANT	MITZ	ADDRESS
res, no or unknown) (It yes, give wor or dotes of sei	SECURITY NO.	THEORIVIAN I		7 KING-SWAY KI
NO	214-03-31-17	DA WHIB.	R 162	BALTIMONE 212
18. 4 1 2 4 1 1 1 1 4	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	,			
LEADING TO DEATH (This does not mean the made of dying,	(A) CE	iculating Collapse	>	12 HK.
hearl failure, asthenia, etc. It means the dis	sease,			
injury ar camplication which coused death.)		ATERIOSIEROFU	1 ARROVASCUL	44 D.S.Carin
ANTECEDENT CAUSES	DUE TO	NIERIO XLEROTIC		
DISEASES OR CONDITIONS, if any, or rise to the obave cause (A) stating				
UNDERLYING CONDITION last.	the (C)			••••••••••••••••••••••••••••••••••••••
4221 11				
OTHER SIGNIFICANT CONDITIONS CONTRIB	O THE			
DISEASE OR CONDITION CAUSING IT.	CARCINO	na or pre	57.	
194. DATE OF OPERATION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
E E E				
OR CONTRIBUTING CAUSE OF	home, form, foctory, street, o		(If in Boltimore	City, give exact location
DEATH (notify medical examiner)	etc.)			
O 21D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)	White At Not Whi			
20 1 1 (1) (1) (1)	Work At Work			1 75
22. I certify that (I) (this hospital) atten				
that (I) (we) last saw the deceased alive	on 1900 25	19 6 / and the	at in (my) (con) apin!	an death occurred an the d
and haur and from the causes stated abo	ve. (1) (We) (did) (did no t)	view the bady after death.		
23A. SIGNATURE		1		23B. DATE SIGNED
23C, PHYSICIAN'S	M.D. Att	ending Med. Director	Stoff Phys.	ay 25/960
		23D. ADDRESS	,	
NAME (Type)	M.D.	BS 23 LOCA	Y R HUDO	Q V D '2 12 00
24A. BURIAL CREMATION, 24B. DATE 2	4C. NAME OF CEMETERY OF CR	EMATORY 24D 14	OCATION (City	town, or county) (State)
REMOVAL (Specify) 8-28-68	Moreland Mem.Par		ato. Co. Mary	
burial Allo he				
25A. DATE REC'D BUOLE DE 1968 25B.N.	WHE OF PROISTING	25C. FUNERAL DIRECTOR		ADDRESS
	2 6 6	will Johnson,	21 Luch Rav	en Blvd. 21204
/S 150_PEV 1/1/65		No.		



CO OF	100	HEALIH DEPAKIMENI		68-8739
BIRTH NO. BUTTO & M. 100 - 87	39 CERTIFICA	TE OF DEATH	REG.NO.	
(Type or Print) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Whe	UGUST 24TH	H 68 11.05 P M.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION) HOSPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	A. STATE B. COUN	BALTIM	ORE COUNTY
3 THE JOHNS HOPKINS H		BALTIMORE E. STREET AND NUMBER		YES NO X
		1822 CLEAR	RWOOD ROAD	21234
Male White WIDOW		8-22-68	9. AGE (In years last birthdoy)	Months Doys Hours Min.
done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY Child	Balto. Md.	rign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
JEROME TRAGESER		CLAIRE F	PALM	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, na ar unknown) (If yes, give war ar dates of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS 21234
Ohild	Child	Mr. Jerome Tr	ageser 1822	
(This daes not mean the made of dying, of heart failure, asthenia, etc. It means the diserting or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giver is a lot the abave cause (A) stalling UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED WAS PERFORMED 198. ACCIDENT WAS UNDERLYING	ing (B) Pro hole (C)	Le Anomolous A CONSEQUENCE OF: 40	Venne Re fres	FINDINGS CONSIDERED
WAS PERFORMED 21A, ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	AS SHOW SIGNATURE DID	IN CERTIFYING CAL	
OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	hame, form, foctory, street, of	fice bldg., INJURY OCCUR?	(if in boitimure	e City, give exocl lacotian)
	21E. INJURY OCCURRED While At Not While Work Not Work	21F. HOW DID IN.	JURY OCCUR?	
22. I certify that (I) (this hospital) attended that (I) (we) lost sow the deceased alive a ond haur and from the causes stated obave	on 1105 PM		19 (g) ta ta	19 G
23A. SIGNATURE 23C. PHYSICIAN'S	M-/) DEGREE Phy	ending Med.	Staff Phys.	23B. DATE SIGNED 8/24/68
NAME (Type) Milton SCH	WARZ M.D. DEGREE	Johns Hopk	wi pospij	hl
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C	C. NAME of CEMETERY of CR		OCATION / ICI	ty, town, or county) (Stote)
Burial 8-26-68	Holy Cross Cen	etery A	A. County,	Maryland ADDRESS
AUG 27 1968 0.2	us & Failuna	m.E.Johnson	, 8521 Loch	Raven Blvd. 20204
VS 150-REV. 1/1/6B				



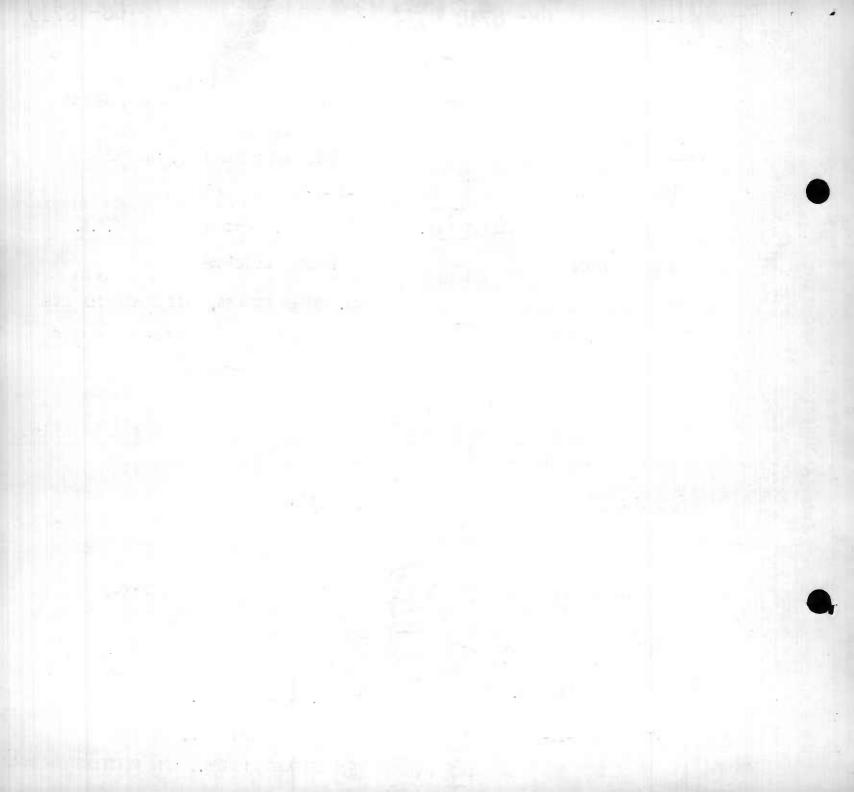
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DIRECTOR:

FUNERAL

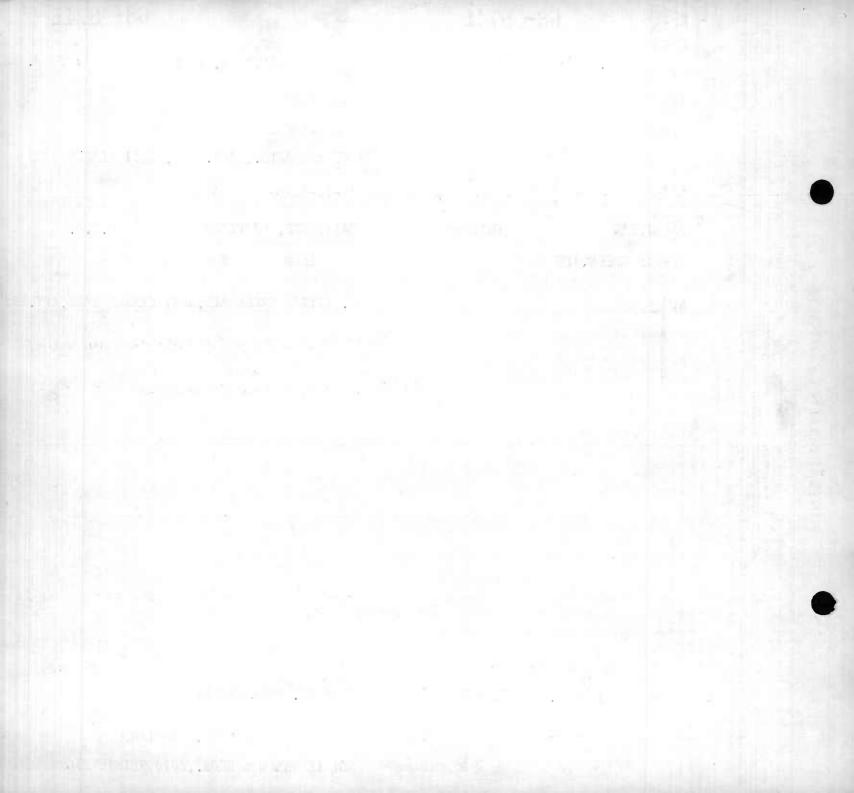
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BALTIMORE CITY HEALTH DEPARTMENT



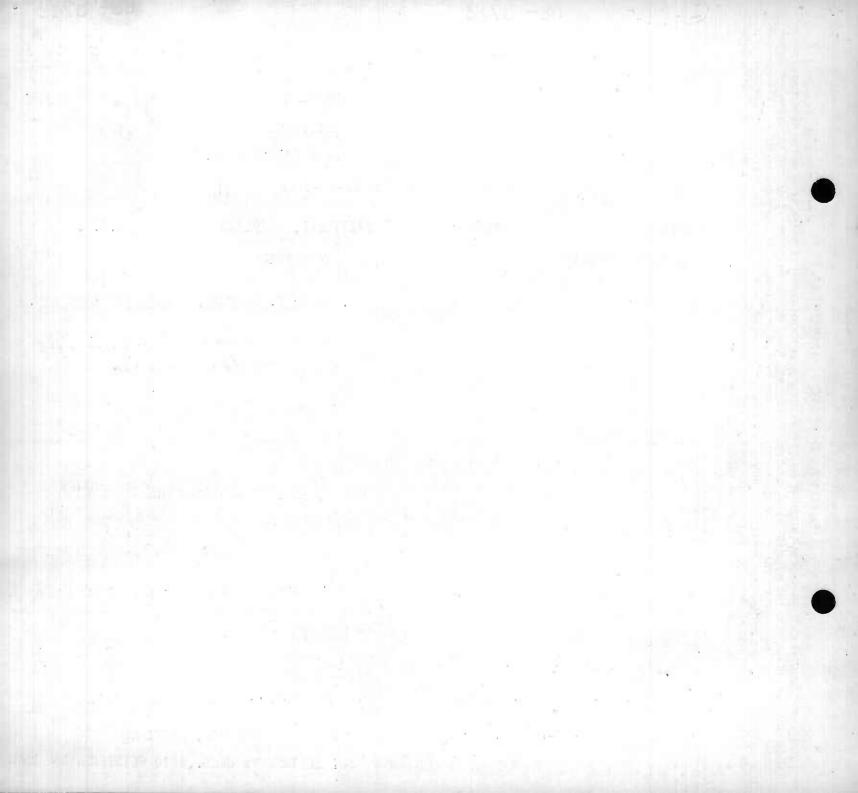
FUNERAL DIRECTOR: IMPORTANT

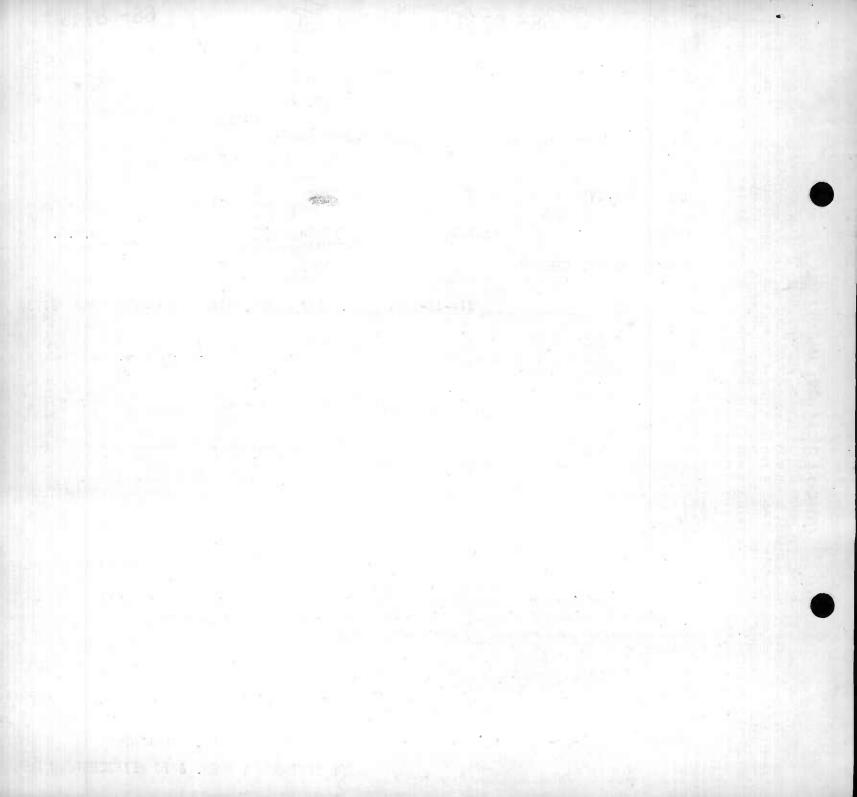
5-654 68-	BALTIMORE CIT	Y HEALTH DEPARTMENT		68- 8741
BIRTH NO.	8741 CERTIFICA	ATE OF DEATH	REG. NO	00 0741
1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
Type or Print) DR. LEON GREE		AUGUST	21, 1968	8:47 P.
3. PLACE IN BALTIMORE, MARYLAND, WHE	RE PRONOUNCED DEAD	4. USUAL RESIDENCE (When A. STATE 8. COUN	e deceased lived. If in	stitution: residence before admis
FULL NAME OF (IF NOT IN HOSPITAL HOSPITAL OR ADDRESS OR LOCATION	OR INSTITUTION, GIVE STREET	MARYLAND	-1	40
INSTITUTION	5117	C. CITY OR TOWN	D. INS	YES NO NO
PROVIDENT HOSPITAL		BALTIMORE E. STREET AND NUMBER		1E3 NO
59		IMPERIAL APTS.	APT. 232.	3601 CLARKS LANE
	MARRIED X NEVER MARRIED		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months: Doys Hours M
	VIDOWED DIVORCED	12-18-1899	68	No.
10A, USUAL OCCUPATION (Give kind of work 10) done during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COU
PHYSICIAN	GENERAL	BALTIMORE, MAR		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
MORRIS GREENWALD		LENA	?	
15. Was Deceased Ever in U.S. Armed Forces (Yes, no or unknown) (If yes, give wor or dates o	? 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO		MRS. LILIAN GREE	NWALD, 3601	CLARKS LANE, APT.
18.4	CAUSE OF DEA			APPROXIMATE INTERV
DISEASE OR CONDITION DIREC	TLY (CE	reexe Coronas	u scela.	Man hours for
LEADING TO DEATH			70000	rey immedia
(This does not meon the mode of dy heart failure, asthenia, etc. It means the		S A CONSEQUENCE OF:		
injury or complication which caused de	oth.) Orke	u or lesofeet a	as Lelines	3-466
ANTECEDENT CAUSES	(8)	101	er cares	
DISEASES OR CONDITIONS, if ony rise to the above cause (A) st	, giving DUE 10, OR A	S A CONSEQUENCE OF:		
UNDERLYING CONDITION Iosi.	(c)			
z 420./ II				
TO THE DEATH BUT NOT RELATED TO THE	TERMINAL			
	TON FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
WAS PERFOR	RMED		IN CERTIFYING CA	USES OF DEATH?
OR CONTRIBUTING TO CAUSE OF	21 B. PLACE OF INJURY (e.g. home, form, foctory, street,	, in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If In Boltimor	re City, give exact location)
DEATH (notify medical examiner)	etc.)			
OF INJURY (Month) (Doy) (Year) (Hour 21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(A PPROX.)	While At Not Wh			
22. I certify that (1) (this haspital) a	sttended the deceased from	50pp	19 65 to	9-21- 196
that (I) (we) last saw the deceosed	olive on 7- 30		ot In(my) (aur) opi	nion deoth occurred on the
ond haur ond from the couses stoted				
23A. SIGNATURE		/		23 B. DATE SIGNED
Hillredelm	01	Hending Med. Director	Staff Phys.	8-72-68
23 C. PHYSICIAN'S	OEGREE	23D. ADDRESS	r 11y 3. —	0 00
NA KAE (Tugo)	GHELSTEIN	1010 ST. PAUL	STREET	
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF C		OCATION (C	ity, town, or county) (Sto
BURIAL 8-23-68	HEBREW FRIENDSHI			
	B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	TIMORE, MAR!	ADDRESS
AUG 27 1968	P. O. St & Strate Cours		8 BROS . 601	O REISTERSTOWN R
7 ,000	TO STATE OF	יווייייייייייייייייייייייייייייייייייי	2,,00,,00,,	



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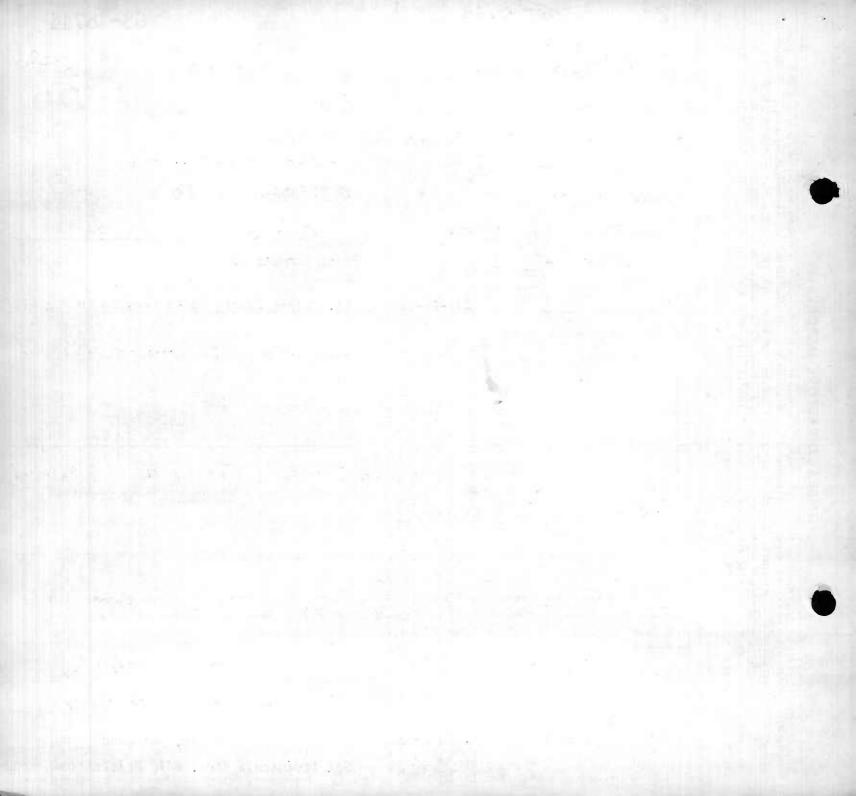
C	5-25	F 6	38- 87	AS BALTIMORE CIT	Y HEALTH DEPARTMENT		68-8742 -
	-	5	00 01	CERTIFICA	TE OF DEATH	REG. NO	0.40
	H NO.	FASED				D HOUR OF DEATH	
	e or Print)		TITE CAN	מואווי	2. 0	172/6	2-36 A
3. P	LACE IN BALT	TIMORE MARYLAND	ILIP GOOD, WHERE PRON		4. USUAL RESIDENCE (Where	deceased lived. If i	nstitution: residence before admission)
HO	L NAME OF SPITAL OR TITUTION	ADDRESS OR L	OCATION)	TTUTION, GIVE STREET	C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?
f	HOUSE IN	THE PINES	, BELVED	ERE	E. STREET AND NUMBER	- 6	YES NO.
	10				6809 FAIRLA	UN AVENUE	
5. S	EX	6. RACE	7. MARRIE	D NEVER MARRIED		9. AGE (In years lost birthday)	Months Doys Hours Min.
	IALE	WHITE	WIDOWE		tx 11-26-1896	71	
		JPATION (Give kind of working lile, even if reti		OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY
	TAILOR			LOYEE	BALTIMORE, MARY		u.s.A.
13.1						VI E	
1.5		N GOODMAN			MARY FRIED		ADDRESS
15. \ (Yes	Vas Deceased ,no or unknown)	of the second of	d Forces? dotes of service	SECURITY NO.	17. INFORMANT		ADDRESS
1	10	30.00			MRS. SARAH V. GO	DODMAN. Z 6	809 FAIRLAWN AVE.
	18. 14 1 5	41.52		CAUSE OF DEA			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	SE OR CONDITION	DIRECTLY		1	0 -1	1 - 2
		LEADING TO DEA	ATH	(A) IMMEDIATE CA	usela orestruel	Zaroul	eses This
		of meon the mode		9. DUE TO, OR AS	A CONSEQUENCE OF:	8	10000
4		osthenio, etc. It me plication which co		e, The	revensend	aleroseo	access 5 /
		ANTECEDENT CAL		, ,			
				(8)			
		OR CONDITIONS,			5 A CONSEQUENCE OF:		
		obove couse G CONDITION iost		(C)			
		11		(0/			
z	OTHER GIGGIE	ICANT CONDITIONS	CONTRIBUTION	a a			
TIO	TO THE DEAT	H BUT NOT RELATED	TO THE TERMINA				
<	DISEASE OR C	ONDITION GIVEN IN		R WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES. WERE	FINDINGS CONSIDERED
ERTIFIC	TALDATE OF		PERFORMED	K WHICH OFERATION	The.	IN CERTIFYING CA	AUSES OF DEATH?
CER	21 A. ACCIDEN	NT WAS UNDERLYIN	NG 7 2	18. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(If in Boltimo	ore City, give exoct location)
_	OR CONTRIBL	JTING CAUSE OF medical examiner)	h	ome, form, foctory, street,	office bldg., INJURY OCCUR?		
U	21 D. TIME	(Month) (Doy) (Year) (Hour) 2	1E. INJURY OCCURRED	21F. HOW DID INJ	IIBY OCCIIB?	
MEDI	OF INJURY	(Aviolilla) (Doy) (While At Not Wh		OKI OCCOK:	
	(APPROX.)			Work At Work			
	22. I certify	that (1) (this has	pital) attended	the deceased fram	must.	19 5 /ta	116-73 199
Ç,	that (i) (we)	last saw the dec	eased alive ar	Cece- 2	2 49 6 Pt and th	at In(my) (aur) ap	oinian death accurred an the dat
	and have an	d from the courses	stated abave.	(I) (We) (did) (did not)	view the bady after death.		
	23A. SIGNAT	A 6	4	(1) (110) (414) (414 1141)	Tron the budy after double		23B, DATE SIGNED
		11	The state	Olem la At	tending Med.	Staff	.0/7 2/CB
	4	Lew	0)10	Ph di GREE Ph	ys. Director	Phys. L	4/07/6
	23C. PHYSICIA NAME (T	ype)			23D. ADDRESS		
		Dr. Lest	ter N. Ko	DEGRE		ights Avenu	
24A	REMOVAL	MATION, 24B, DAT Specify)	E 24C.	NAME of CEMETERY of C		OCATION	City, town, or county) (State)
	BURIAL	8-25	-68 BF	TH HAMEDROSH H	AGODOI RO	SEDALE, MAR	NIAND
_		0 4 2					
25A		BY HEALTH DEPT.		E OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
25A					25C. FUNERAL DIRECTOR		





FUNERAL DIRECTOR: IMPORTANT

5-365 68-8	744 BALTIMORE CITY	HEALTH DEPARTMENT	00 0844
BIRTH NO.		TE OF DEATH	REG. NO. 68-8744
1. NAME OF DECEASED ROSENFELD		2. DATE AND HOUR	OF DEATH
Nettie STAR	2K	8/24/6	3-pm
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where deceas	ed lived. If institution; residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	STITUTION, GIVE STREET	C. CITY OR TOWN	DENSIDE CITY LIMITS?
SINA. HOSPHAL of	Baltimore	E. STREET AND NUMBER	YES NO
100		6508 Hope	ton Hue
5. SEX 6. RACE 7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH 18 9 9 9. AGE (
emale White WIDON		69	
OA. USUAL OCCUPATION (Give kind of work 10 B, KIN)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign countr	y) 12. CITIZEN OF WHAT COUNTRY
	t Home	Plant	USA
3. FATHER'S NAME	a nome	14. MOTHER'S MAIDEN NAME	ush
Mortcha R.	(2)	Pearl Hammerstein	
TUEN.	teld		
5. Was Deceosed Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of serv	ce) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	216-09-9604	Mr. Joseph Stark	6508 Hopeton Avenue #15
18. / ~ =	CAUSE OF DEAT		APPROXIMATE INTERVAL
DISEASES OR CONDITIONS, if ony, girise to the obove couse (A) stoting UNDERLYING CONDITION lost. 1 3 8 II OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIT DISEASE OR CONDITION GIVEN IN PART 1 (A).	(c)	a consequence of:	r. Amitis 1/2 mul
	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF	YES, WERE FINDINGS CONSIDERED RTIFYING CAUSES OF DEATH?
= 07/21/68 Cao	Colon		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, or etc.)	n or about 21C. WHERE DID	(If in Boltimare City, give exact location)
21 D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJURY OC	CUR?
ĕ OF INJURY (APPROX.)	While At Not While		
	Work At Work	- / - /	5-644
22. I certify that (I) (this haspital) attend	ed the deceased fram		to 8 1044 19 68
that (1) (we) last sow the deceased alive	on 8/24	19 6 ond that In(m)	() (our) apinion death accurred on the date
and haur and from the causes stated above	. (1) (We) (did) (did not) v		
23A. SIGNATURE			23B, DATE SIGNED
5+ 1- 10/ 11	Atte	nding Med. Staff Phys.	8/24/68
23C.PHYSICIAN'S	DE OREL	s. Director Phys. 23D. ADDRESS	0/24/68
NAME (Type)		= 11 1	11011
	DEGREE	SINAI HOSPOTI	9/ of Baltimore
24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION	(City, town, or county) (State)
Burial 8/25/1968	Workmen Circle	Raltin	nore. Maryland
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
AUG 27 1968 12 0	Bull Italian	Sol Lavinson & Bro	os. 6010 Reisterstown Road
'S 150-REV. 1/1/6B	DIE NOWEUM	9 7 7 4	

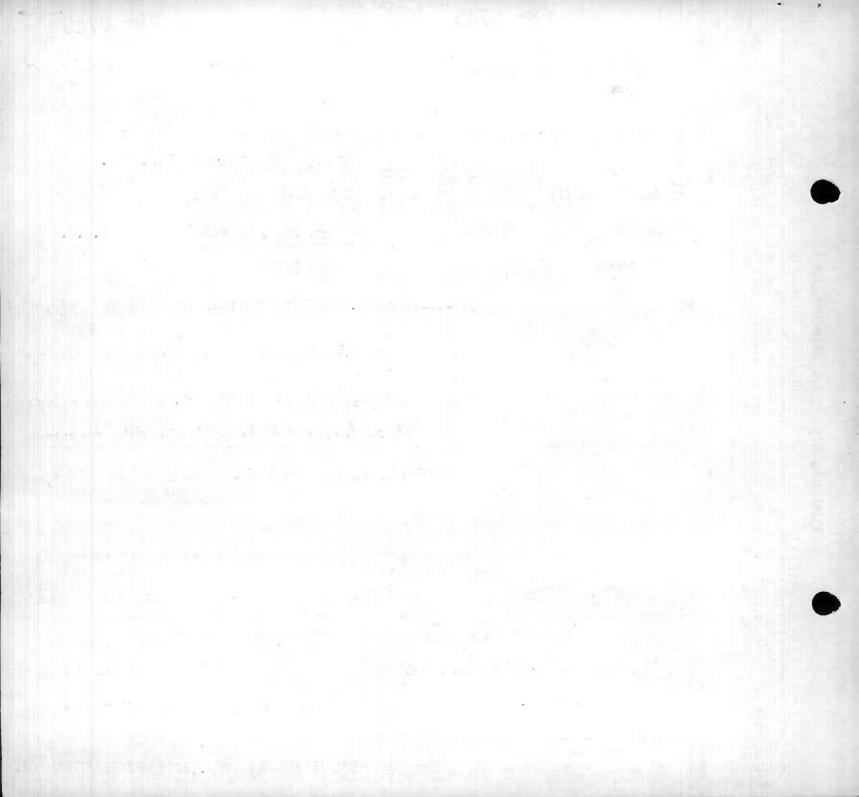


IMPORTANT

FUNERAL DIRECTOR:

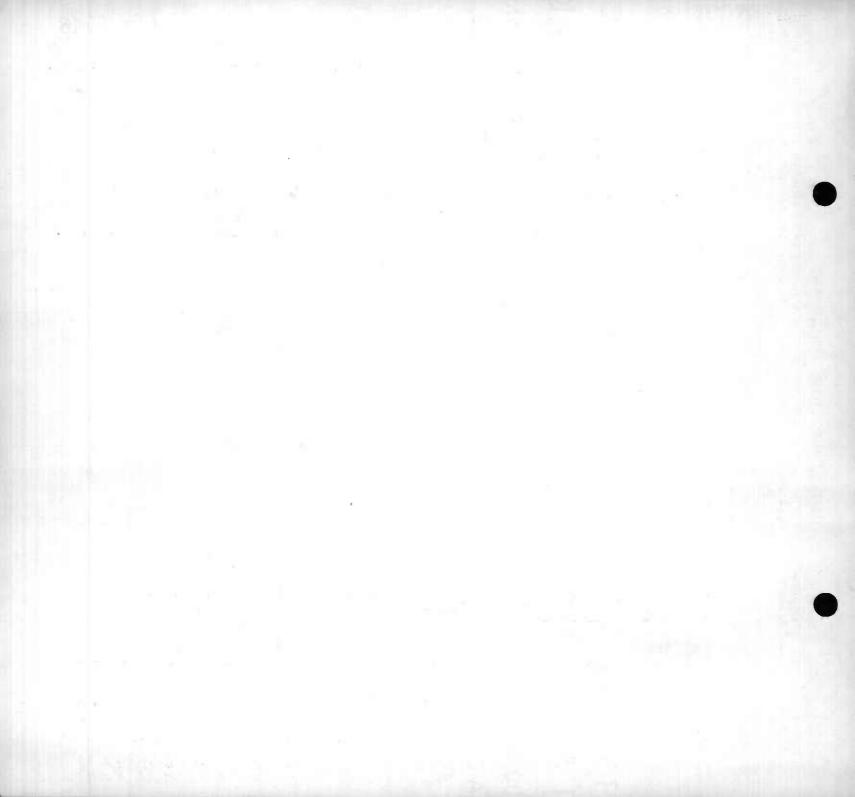
BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 68- 8745 WSUAL RESIDENCE (Where deceosed lived, If institution; residence before admission). STATE

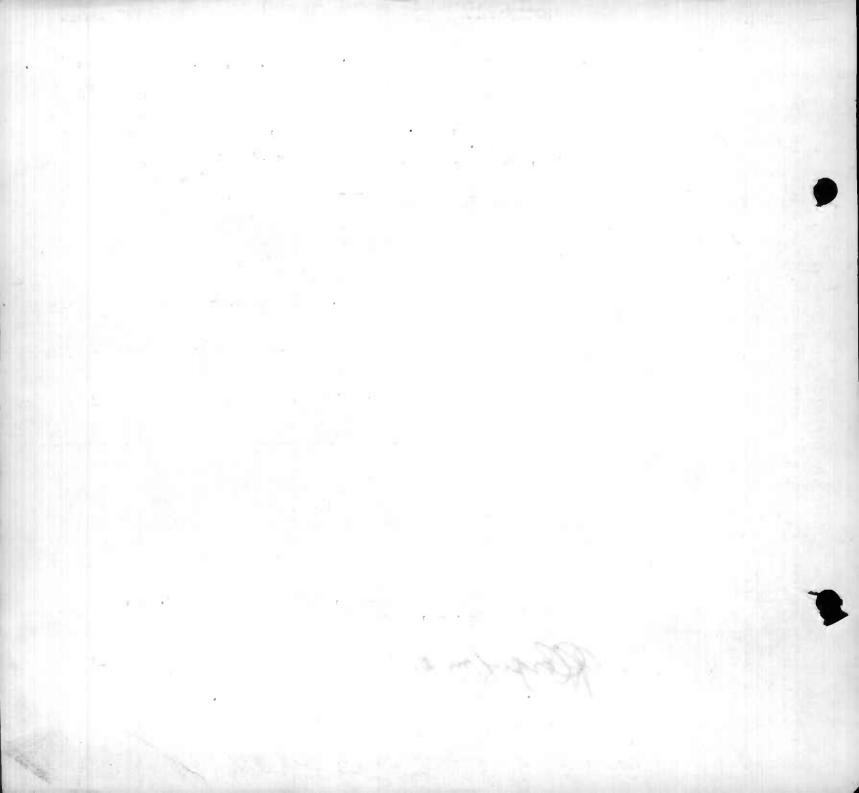
8. COUNTY VSIDE CITY LIMITS? NO YES Y If Under 1 Yr. , If Under 24 Hrs. Hours Months Doys 12, CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS 3115 BANCROFT ROAD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct location) ... ond that ir(my) (our) opinion death occurred on the date 23B, DATE SIGNED ADDRESS SOL LEVINSON & BROS. 6010 REISTERSTOWN ROAD



		BALTIMORE CITY	HEALTH DEPARTMENT		
	68- 8	746 CERTIFICA	TE OF DEATH	REG. NO	68- 8746
BIRTH NO.	00. 0	10 CERTIFICA			
1. NAME OF DECEASED (Type or Print)		Coox		ND HOUR OF DEATH	1
	Aletha Ligor			24-68	5:15 a. M.
3. PLACE IN BALTIMORE, /	MARYLAND, WHERE PR	ONO UN CED DEAD	A. STATE B. COUR	ere deceosed lived. If	institution: residence before odmission)
FULL NAME OF UF N	OT IN HOSPITAL OR IN	NSTITUTION, GIVE STREET	Maryland	11	1
			C. CITY OR TOWN	D. N	SUDE CITY LIMITS?
	dent Hospita		Baltimor	e /	YES NO.
111	Division Sta		E. STREET AND NUMBER		
) Baltin	more, Maryla	and	541 Miss	ion Court	
5. SEX 6. RACE		RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthde 32	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Female Ne	510	WED DIVORCED K			AND CITIZEN OF WHAT COUNTY
done during most of working life		D OF BUSINESS OR INDUSTRY	11. BIRIMPLACE (State or fore	eign country)	12, CITIZEN OF WHAT COUNTRY?
Unemplo			Baltimore, M	aryland	U. S. A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN NA		
5. Was Deceased Ever in U	S A 1 Face 2	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknown) (If yes, g	ive wor or dotes of serv	SECURITY NO.	17. INFORMANT		ADDRESS
18. 7 3 5	/I	CAUSE OF DEAT	н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	ONDITION DIRECTLY		0 4		
	TO DEATH	(A)IMMEDIATE CAI	15E hepatic	Coma	
	the mode of dying, etc. It means the dis-	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	**********	
injury or complication		e05 e,			
ANTECED	ENT CAUSES				
		(B)	A CONSEQUENCE OF:		
	DITIONS, if ony, g couse (A) stoling		A CONSEQUENCE OF		
UNDERLYING CONDI		(c)			
- 583X	П				
OTHER SIGNIFICANT CO	NDITIONS CONTRIBUT	ING			
TO THE DEATH BUT NO	TRELATED TO THE TERMI				
U DISEASE OR CONDITION	ON 198. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	ol 208. IF YES, WERE	E FINDINGS CONSIDERED AUSES OF DEATH?
EZ	WAS PERFORMED		Yes	IN CERTIFYING C	AUSES OF DEATH?
		21B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(If in Boltim	ore City, give exoct location)
OR CONTRIBUTING DEATH (notify medical	CAUSE OF	home, form, foctory, street, c	ffice bldg., INJURY OCCUR?	- 1	7
U		I I I I I I I I I I I I I I I I I I I			
OF INJURY	(Doy) (Yeor) (Hour)	21E. INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
(APPROX.)		While At Not Whi			
22 1	/AL: 1	2	_22_68	10 . 0	24-68
		ded the deceased from		19to	24-00
that (I) (we) last sow	the deceased alive	an	19and tl	hat in (my) (our) of	pinian death accurred on the dote
and hour and fram th	e causes stated above	ve. (I) (We) (did) (did nat)	view the body after death.		
23A. SIGNATURE					23B. DATE SIGNED
11	- 11 0		ending Med.	Staff XPhys.	8-26-68
23C. PHYSICIAN'S	(LEN	DEGREE Phy			1. 7
NAME (Type)				dent Hospi	
		DEGREE	1514 Division	Street - B	altimore, Maryland
4A. BURIAL CREMATION,	248. DATE / 24	C. NAME of CEMETERY OF CR	EMATORY / 24D. I	LOCATION	City, town, or county) (Stote)
REMOVAL (Specify)	9/10/10	M (0 1)	0. 1. 11	. 19.	iles Marilia
SA. DATE REC'DAN HEAL	10/57/68	MILL CONTRACT	lace eventen (c)	es par	ADDRESS .
DATE RECOURTER	ISUS IN	ME OF REGISTRAR	25C. FUNERAL DIRECTO	Aini	ADDRESS
	464	0.00	MARIA TO	WM -1 1/2	- W. Virk In-

VS 150-REV. 1/1/68



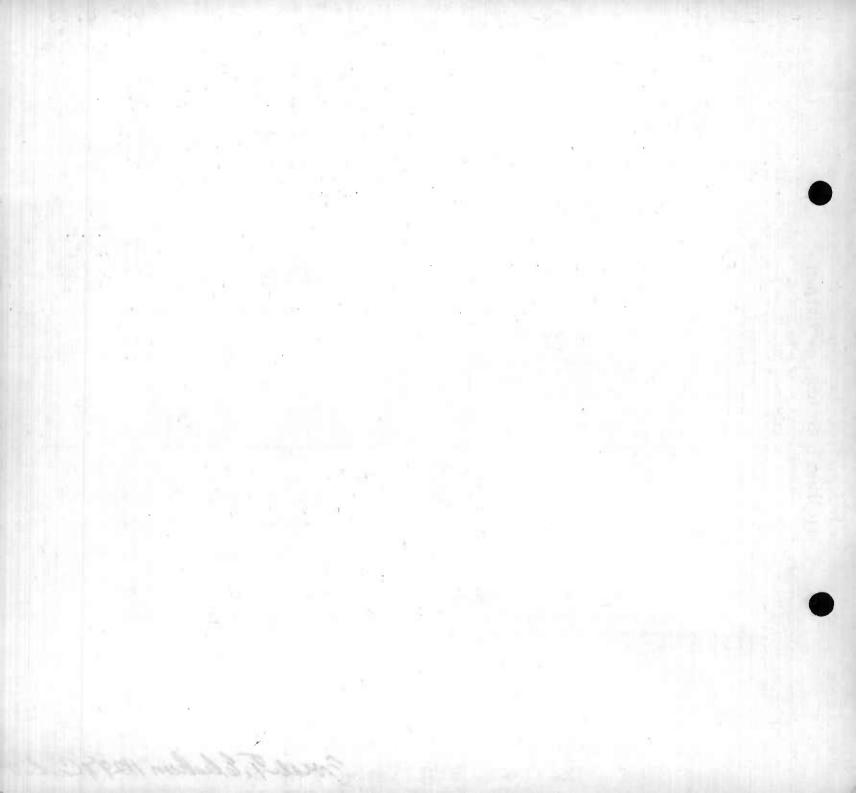


68- 8748 BALTIMORE CITY HEALTH DEPARTMENT

BIR	TH NO.		MED	ICAL	EXAM	INER'S	CERTIFIC	CATE O	F DEA	TH REG.	No. 6	8-	870	18_
1. NAME OF DECEASED					2. DATE	Known 3	Month	Doy	Y	еог	Haur			
(Typ	(Type or Print) GEORGE ALSUP				OF DEATH	Estimoted [] <u>8</u>	25	68		4:30	- u		
4. 1	PLACE IN BALT				NOUNCED	DEAD	3. DATE		Month	Doy		ear	Hour	р м.
HO	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION				SIDENCE (Who	Augu			68	4:30	p M.			
	27 Ma	rov Vo	anital				A. STATE		216 04660360	B. COUN		ence per	ore damis	siuii)
6		7 RACE	spitai	8. MARRIET	NEVE	R MARRIED	C. CITY OR	Maryland Town		D. INS	DE CITY LIN	AITS2	- 17	Lower
1	Male	Color	od.	WIDOWEI		DIVORCED [D = 1 4 =		and a	(A. 16)	, Alexander		
9. [DATE OF BIRTH		10. AGE (In	yeors If	Under 1 Yr.	If Under 24 Hrs.	E. STREET A	Balto ND NUMBER		100	MINIES [N		
2	3/5/23		lost birthdo	y) M	anths Days	Hours Min.	(2)	26 - 1 2	Desder					
	BIRTHPLACE (St	ate ar fareig	n country)	12	CITIZEN		13. FATHER	Melvin S NAME	Drive					
	Maryla	nd			WHATCO	UNTRY?	Geor	ge Als	up					
14A	USUAL OCCUP		e kind of work	14B. KIND C				_						
done	Chauff	arking life, eve	en if retired)				Mar	-	_	0				
16.	WAS DECEASE		U.S. ARMED	FORCES?	17. SOC	CIAL	18. INFORM		1		ADDRES	SS		_
(Yes	YOS	(If yes, give w	or dotes	of service)	SEC	URITY NO. -16-693			pence	645			r.	
	19.	A V				CAUSE OF DEA		0 4110 6	pondo	010	7110 32 0		DXIMATE IN	TERVAL
	E 78	00 K				27.032.01.027						BETWEE	N ONSET A	ND DEATH
		OR CONDI		CTLY										
	(This does no	EADING TO		lna e a		(A)IMMEDIATE	CAUSE Cra	miocere	bral in	njurie	S			
	heort foilure, injury or cam	osthenia, etc.	It meons the	disease,		DUE 10, OR	AS A CONSEQ	UENCE OF:						
	injury or cam	piicanan whic	in causea dec	ım.)										
		TECEDENT O				(B)								
	DISEASES O	ABOVE CAL	JNS, IF ANY	, GIVING		DUE TO, OR	AS A CONSEC	QUENCE OF:						
2	UNDERLYIN					(C)								
9	E 902	V	II			(-,								
CERTIFICATION	OTHER SIGNI TO THE DEA DISEASE OR	FICANT CON	RELATED TO	THE TERMIN.		.**************************************		10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
Z T	20A. DATE OF				R WHICH	OPERATION W	AS PERFORM	ED			21.	AUTOPS	Y? (Yes o	r No)
Ö	2													
7	22A. EXTERN	AL CAUSE	WAS	22	B. PLACE O	F INJURY(e.g.,	in or obaut 2	2C. WHERE DIE	O (If in Baltim	nore City, aiv	e exact loco	YF	.S	
EDIC	UNDERLYING	OR CONT	TRIB-	ho	me, farm, fa	ctory, street, affic	e bidg., etc.) II	ATURY OCCUR	? `		10.	,		
	UTING CAL		TH. (Year	·) (Haus)		treet Y OCCURRED	2	Eager at	nd Ward	den St	•			
	OF INJURY (APPROX.)	,			WHILE AT		WHILE -		117011 00	COKI				
	23.	25	68	2:45pm	WORK [L AT V	VORK X	Subject	beater	n duri	ng alt	erca	tion	
		fy that I he	eld on I	nquiry 🔲	Inspec	tion 🗌 Au	tapsy 🔯	and that an	this basis	s death in	my eninl	an.		
		ed from:\N			Accident			micide XX		nined man				
	results	X	aiorai cao	7/1	Accident	30161					ner 🗀			
	ACTUAL	DOK	100/	41	JIC			TANT MEDICA				D.	ATE SIGN	NED
14	SIGNATU		/V V O	3 V	' Y	M.D	0.							
	EXAMINE NAME (Ty			T741 -		7	ASSO	CIATE MEDICA	LEXAMINE		~a+ ?	6 1	069	
24/	BURIAL CREM		Ward F	. Wils		of CEMETERY	or CREMATO	RY 241	D. LOCATIO		gust 2		(Sta	(5)
RE/	MOVAL (Specify	v) *			240. 147.112	OF CEMETER	OF CREMINIO	241	D. LOCAIIO	(Cily)	, 10411, 01 C	Julily)	(510	16,
_	urial		8/30	/68	Balt	imore N	ations		altim	ore.	Maryl	and		
25	A. DATE REC'D E		DEPT.	25B. NAA	AE OF REG	ISTRAR	25C. F	UNERAL DIREC			ADDRE	SS		
	AL	JG 271	1968 (Pec B	8 4	Inber MA	Cha	rles A	. Ric	e 66	l W.	Bar	re S	st.
VS	151-REV, 1/1/6B	NE	54	4 4	5 6	U	0 8	70	8					1/

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FULL NAME CHOSPITAL OR NSTITUTION	WALTER ALTIMORE MARYLAND, V OF (IF NOT IN HOSPIT ADDRESS OR LOC CERSITY OF NIVERSITY	AL OR INST	OUNCED DEAD FITUTION, GIVE STREET RYLAND	4. USUAL RESIDENCE TO A. STATE B. COMD. C. CITY OR TOWN BALTIMO E. STREET AND NUMBER	D. IN	YES NO NO
SEX	6. RACE		D NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	II Under 1 Yr. If Under 24 F Months, Doys Hours Min.
OA HSHAL OC	CUPATION (Give kind of wor	WIDOWE	D DIVORCED DIVORCED DIVORCED DIVORCED	1/5/80	88	12, CITIZEN OF WHAT COUN
one during most	of working life, even if retired) HOREMAN		THIPPING	VIRGINIA	roreign country)	U.S.A.
3. FATHER'S N	Telothett	3		14. MOTHER'S MAIDEN	PAME	
es no or unkno	ed Ever in U. S. Armed Fo wn) (If yes, give wor or dot	rces? es of service) 1 6. SOCIAL SECURITY NO.	CHART		ADDRESS
heart foilur injury or c	LEADING TO DEATH not meen the made of e, osthenia, etc. It means omplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave couse (A) NG CONDITION lost.	dying, e.s the diseast deoth.)	(B)	USE MALNUTR A CONSEQUENCE OF: DEHY)	DRATION	unknown
TO THE DE DISEASE OR DISEASE OR CONTR	NIFICANT CONDITIONS CO ATH BUT NOT RELATED TO 1 CONDITION GIVEN IN PAGE OF OPERATION 198. CO WAS PER DENT WAS UNDERLYING BUTTING CAUSE OF	THE TERMINA RT 1 (A). NOTION FOR FORMED	L	20A. AUTOPSY? (Yes of YES) in or obout 21C. WHERE DIE office bidg, INJURY OCCUR	//f in Boltin	RE FINDINGS CONSIDERED CAUSES OF DEATH?
21 D. TIME OF INJURY (APPROX.)	(Month) (Day) (Year)	(Hour) 2	TE, INJURY OCCURRED White At Not White At Work Not White At Work	21F. HOW DID	19 62 10	A., 25 , 65
	fy that (this haspita e) last sow the decease		Aug. 20	19 68 and	that in (our) o	apinion death occurred on the

VS 150-REV. 1/1/68

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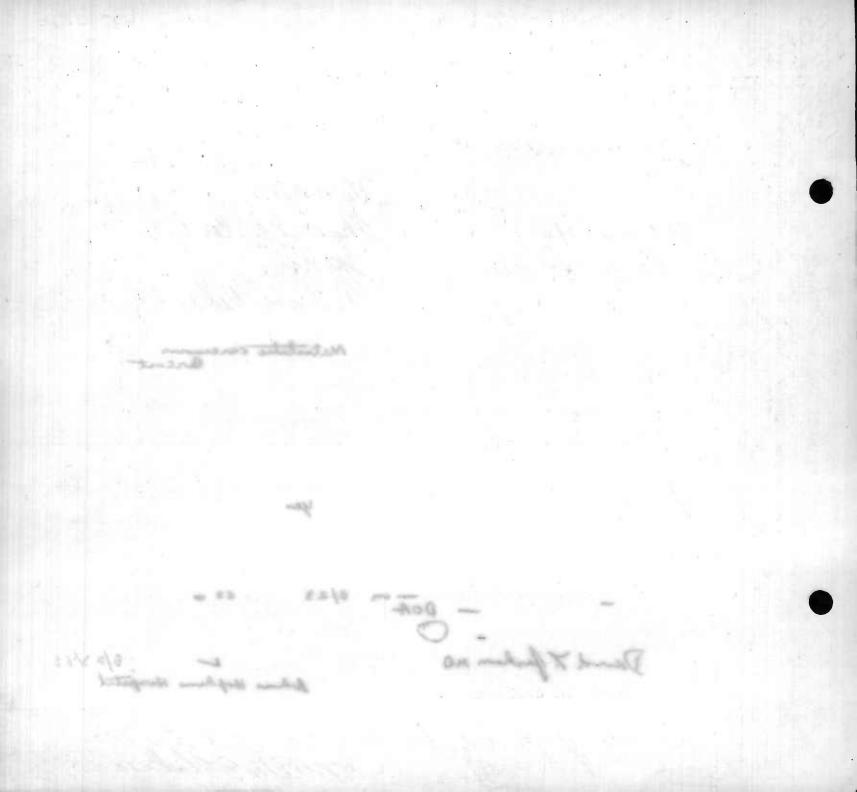
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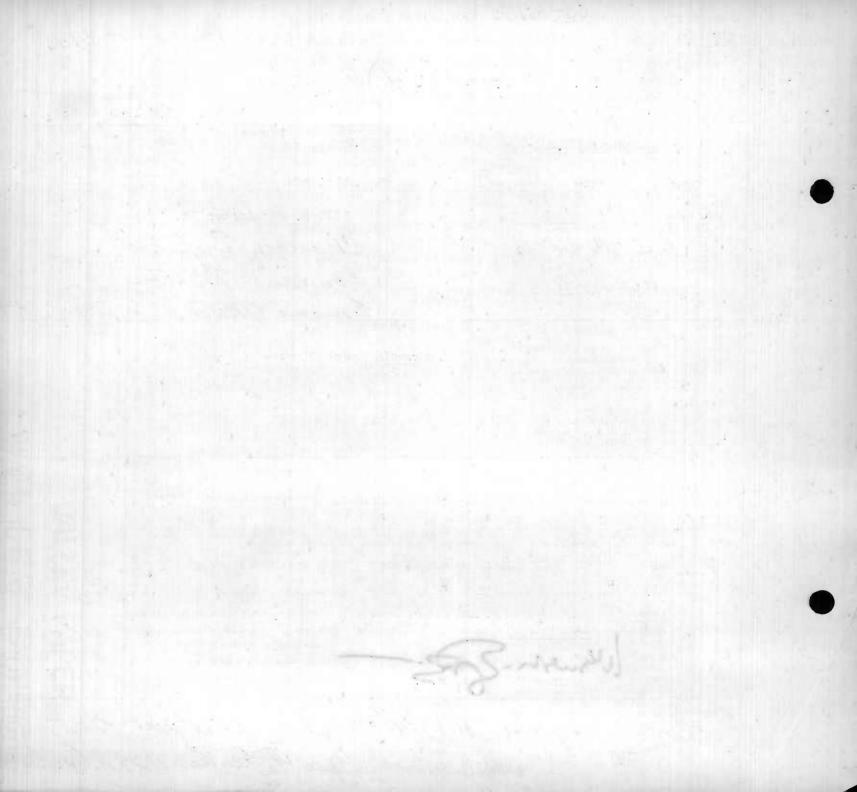
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S 150-REV. 1/1/68



1	68- 8752 BALTIMORE CITY HEALTH DEPARTMENT	
W-450	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	68-8752
K-300	I. NAME OF DECEASED (Type or Print) CARRIE WILLIAMS Known Month Doy DEATH Estimoted Estimoted I Stimoted OF DEATH Stimoted OF DEATH	Yeor Hour M.
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	1968 5:36 P.M.
	Johns Hopkins Hospital A. STATE Maryland B. COUNTY	Testoenice period admission)
	6. SEX 7. RACE B. MARRIED NEVER MARRIED C. CITY OR TOWN 6. INSIDE C	TY LIMITS?
	9. DATE OF BIRTH 10. AGE (In years If Under I Yr. If Under 24 Hrs. E. STREET AND NUMBER	ES X NO .
	augi4 1931 37 1 1034 N. Washington St.	
	11. BIRTHE ACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?	-
	14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most by yorking life, even it retired)	_
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO. 18. INFORMANT A A A A A A A A A A A A A	DDRESS
	19. CAUSE OF DEATH	APPROXIMATE INTERNAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:	
	heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	
	ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING PISE TO THE ABOVE CAUSE (A) STATING THE	**************************************
	UNDERLYING CONDITION LAST. (C)	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHER DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	700001000
	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give excluding the contribution of the co	No oct location)
	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.SNJURY OCCURED 22F. HOW DID INJURY OCCUR?	
	OF INJURY (APPROX.) MHILE AT NOT WHILE AT WORK	
	23.	opinian
	resulted fram: Natural causes X Accident Suicide Hamicide Undetermined manner	
	ACTUAL ACTUAL ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	SIGNATURE EXAMINER'S Werner U. Spizz, M.D. ASSOCIATE MEDICAL EXAMINER NAME (Type)	8/19/68
		n, or county) (Stote)
	25A DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	ADDRESS .
	AUG 27 1968 12. Oc. 5- 2. Farluna Mestell, Cleches 11	29 M. Carlins.
	VS 15I-REV. 1/1/68	



VS 150-REV. 1/1/6B

And Some Black took which real 12-27-98 72 Branch Mappenist Sandall . AV Edward lear Fire Mary E. Evans RICOLAND BROKERIUM PROTER Order virules occurled Soldworth Janks 19 8/10 of January 3 4 1202 3/120 CARRY MAY AND THE

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

Hours

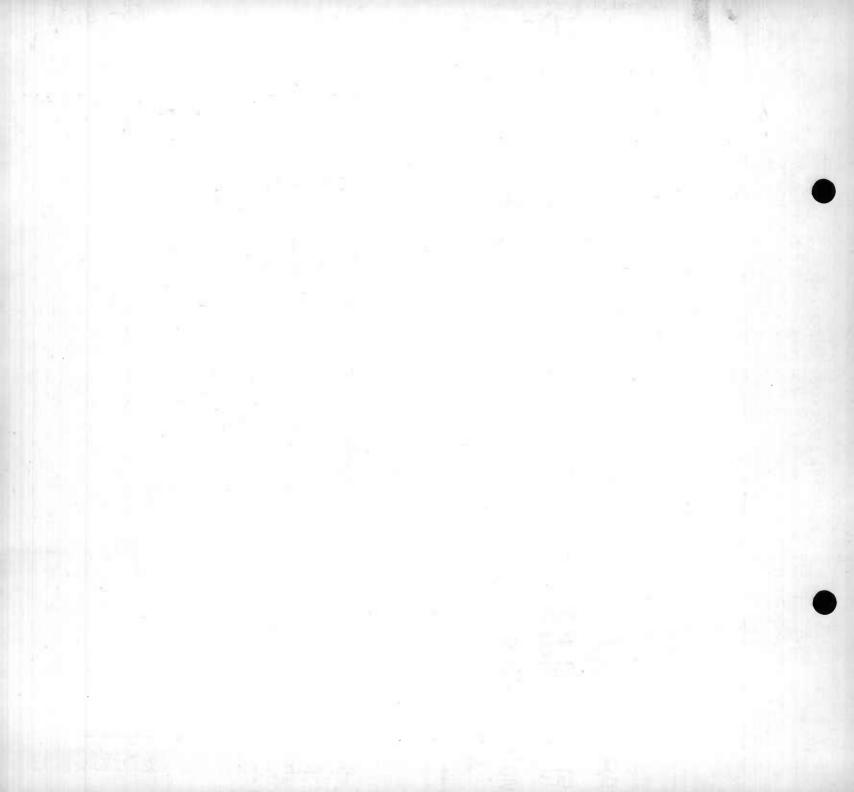
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APPROXIMATE INTERVAL

ADDRESS

FUNERAL DIRECTOR:

and



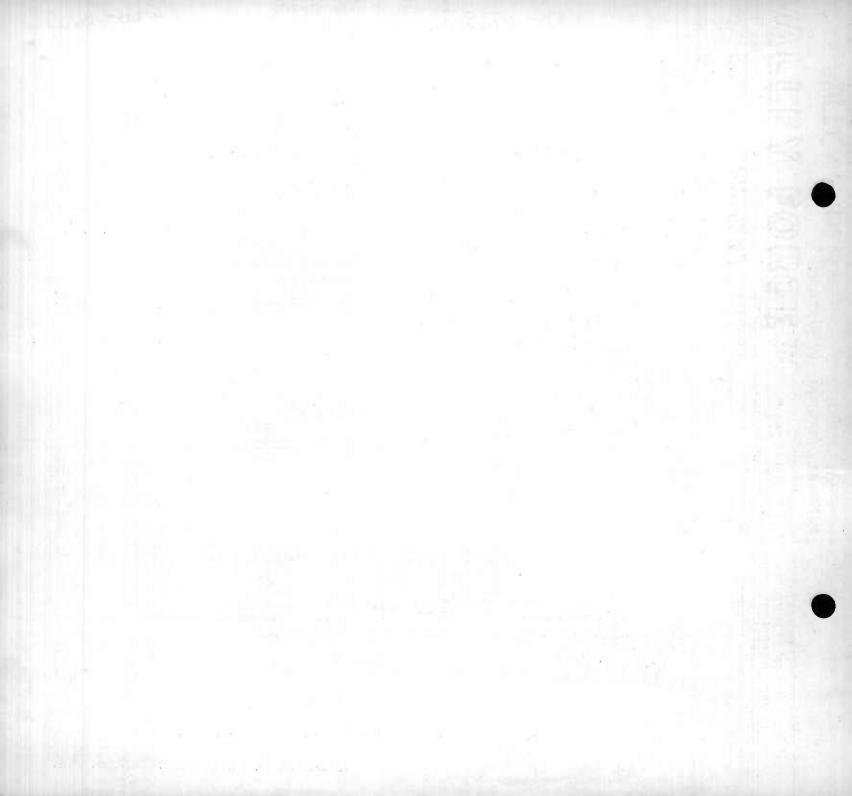
VS 150-REV. 1/1/68

68- 8755

BALTIMORE CITY HEALTH DEPARTMENT

68-	8755

	BIRTH NO. 1. NAME OF DECEASED (Type or Print) James W. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRINTS IN HOSPITAL OR IN	Tydings DNOUNCED DEAD	8/2		M. institution: residence before odmission)
6)	FULL NAME OF HOSPITAL OR IN ADDRESS OR LOCATION) INSTITUTION 3420 Dudley Ave.	SHOUN, GIVE STREET	c. GITY OR TOWN Baltimore E. STREET AND NUMBER 3420 Dualey	1	VES A DO
s mad	m. widow	WED DIVORCED	12/28/1891	9. AGE (In years lost birth day)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
disposition is	10A. USUAL OCCUPATION (Give kind of work 108, KIN dome-during most of working like, even if refired)		Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
sodsip	Horace Tydings		Jennie Willi		
tinai	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of serv	16. SOCIAL SECURITY NO.	Dora Malstro	m 5506 E	Elsrode Ave.
remains are embain	heart failure, asthernio, etc. II means the discinius ar complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gives to the abave cause (A) stating UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERM!	ving the (C)	roodentu A CONSEQUENCE OF:	Cardu V.	dse
ore the	DISEASE OR CONDITION GIVEN IN PART 1 (A). 199A. DATE OF OPERATION 199B. CONDITION 1 WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
bet	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, offi etc.)		(If in Baltimo	ore City, give exact location)
ained	OF INJURY (APPROX.) (Month) (Doy) (Yeer) (Hour)	While At Not While At Work	21F. HOW DID INJU	JRY OCCUR?	
approval must be obt	22. I certify that (I) (this hospital) attended that (I) (we) lost sow the deceased alive and haur and from the causes stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	on 3 — 1 9 e. (I) (We) (did) (did not) vi Ma Mocores Phys.	and the ew the bady after death. ding Med. Director 3D. ADDRESS 8/06 Har	Staff Phys.	238, DATE SIGNED 8-26-1968
ritten a	Burial 8/29/68	Balto. Nation			City, town, or county) (State)



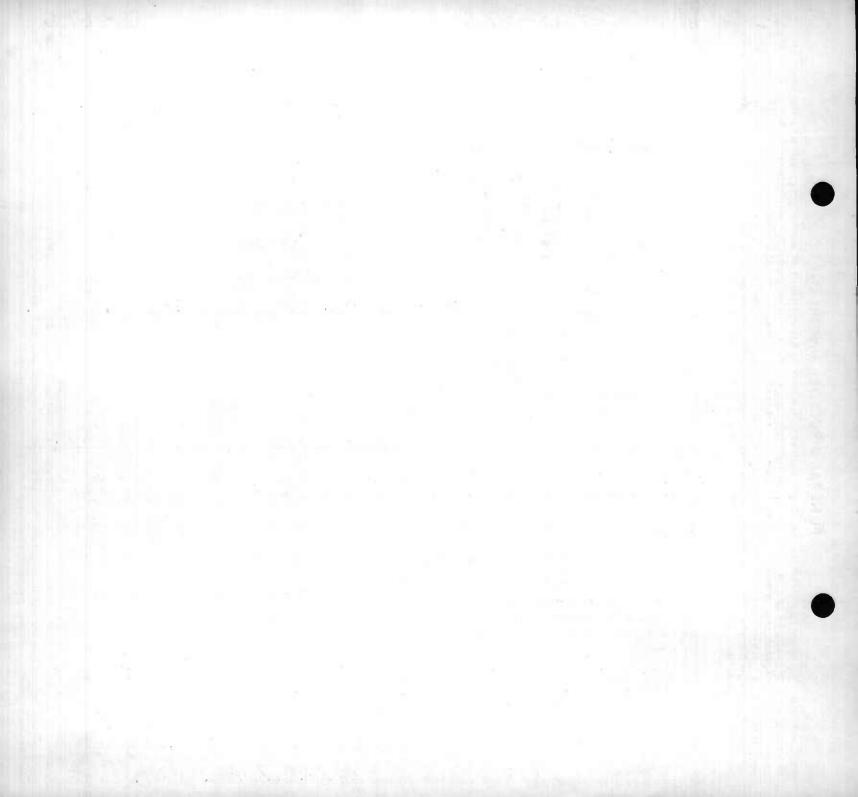
	68	3- 875		HEALTH DEPARTMENT		68-	8756
BIRTH NO.			CERTIFICA	TE OF DEATH			
1.NAME OF DEC (Type or Print)	Lawrence E	Stout			and hour of death 25 , 68		1:00 A
3. PLACE IN BA	LTIMORE MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE	Where deceased lived, If	institution; resider	nce befare admission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTIT	UTION. GIVE STREET	Maryland C. CITY OR FOWN	4	ISIDE CITY LIMITS	? / _
00 54	47 E. 38th S.	treet		Baltimore E. STREET AND NUMBE 547 E. 38	th Street	YES XX	NO
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Y	r. , If Under 24 Hrs
M	White	WIDOWED		2/17/106	last birthday)	Months Day	s Haurs Min.
		rk 108. KIND OI	F BUSINESS OR INDUSTRY		fareign cauntry)	12. CITIZEN	OF WHAT COUNTR
A1 1	f working life, even if retired)	i kurum		2		USA	
3. FATHER'S NA	1000			Penna.	NAME	изл	
				WAIDEN	TOWN B		
Brijo	on Stout d Ever in U. S. Armed Fo			Ada Bredh	ennen		
5. Was Decéáse Yes,na arunknow	d Ever in U.S. Armed Fo	erces? les of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADI	DRESS
Na			215-03-3983	Mrs. Anna	Arlene Stow	+ 547 8	38+h S+.
1B.	20		CAUSE OF DEAT	1	. WOOCHEE SAWW	API	PROXIMATE INTERVAL
DISEA	ASE OR CONDITION D	IRECTLY	0.1	ral Thromb	A	BETWI	EEN ONSET AND DEAT
	LEADING TO DEATH		(A) IMMEDIATE CAL		0215	1	ew minules
	nal mean the made a		DUE TO OR AS	A CONSEQUENCE OF:	************		
	, asthenia, etc. It mean mplication which cause						
	ANTECEDENT CAUSE	s	Conot	iral Arten	ioral enoris		4 years
DISEASES	OR CONDITIONS, if	any sivino	(B) DUE TO, OR AS	A CONSEQUENCE OF			
	he abave cause (A)		202 (0, 0)	N CONTREGUENCE OF			V
UNDERLYIN	IG CONDITION last.		(c)				
TO THE DEA	IFICANT CONDITIONS CONTINUES TO CONTINUES TO CONDITION GIVEN IN PA	THE TERMINAL					
	F OPERATION 198. CO		WHICH OPERATION	20 A. AUTOPSY? (Yes o	IN CERTIFYING C	E FINDINGS CON	NSIDERED TH?
OR CONTRIB	ENT WAS UNDERLYING BUTING CAUSE OF y medical examiner)		PLACE OF INJURY (e.g., i ne, form, factory, street, at	n or about 21C. WHERE DI fice bldg., INJURY OCCUI	D (If in Baltim	are City, give exa	act lacation)
21D. TIME	(Month) (Day) (Year	(Hour) 21E	. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?		
OF INJURY			ile At Not Whil	e C			
(AFFROX)		Wo				1	7
22. I certify	y that (1) (this hospita	ottended t	he deceosed from	May 25	19 65 to	NU0, 2	5 19 60
that (1) (we) lost sow the deceas	ed olive on	Vuly 2	2 18 6 mon	d that in (my) (OUE) of	pinion deoth o	corred on the do
and hour on	nd from the couses sto	oted obove. (((bib) (We) (I) (We)	iew the body ofter dea	oth.		
23A. SIGNAT			MD) Atte	nding Med.	Staff	23B, DATE SIG	-1101
23C. PHYSICI,	ANS Typel	7 and	DEGREE Phys	23D. ADDRESS	Phys	3 11.	M1
AA RIIDIAF CO	FAMATION COAR DATE	1 min	AAAE OL CEAAETERY OF CREE	JACO (NOT!)	ond par	10-11/m	ord, od
REMOVAL	EMATION 24B. DATE		AME of CEMETERY of CRE	IMMIURI 24	D. LOCATION (City, town, ar car	unty) (State)
Burial	8/28/	168 1	preland Moma	nial Compton	, Baltimore,	Manular	nd
	D BY HEALTH DEPT.		OF REGISTRAR	25C. PUNERAL DIREC	TOR	- Fridge	ADDRESS

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Modan, Inc.

Baltimore St

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VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT 68- 8758 CERTIFICATE OF DEATH D. INSIDE CITY LIMITS? YES X NO GARDENS If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ORIENTIU BETWEEN ONSET AND DEATH 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exoct lacotion) and that is (my) (aur) apinion death accurred an the date 238, DATE SIGNED

Cachen in the standard

23 August Laguety 68 Hayest 23 19

J. Murch S. 1818

Copost a. Marin M.O.

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VS 151-REV. 1/1/68

68- 8759 BALTIMORE CITY HEALTH DEPARTMENT

	= -			
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH PEG NI

	MED	ICAL EX	AMINER'S	CERTIFIC	CATE OF	DEATH	PEG NO	68-	- 875	59
BIRTH NO.							KEO. 140.			
1. NAME OF DEC (Type or Print)		E F. JOHN	ISON	2. DATE OF DEATH	Known 🔀	Month August	24. 19	Year 968	Hour	м.
4. PLACE IN BAL	TIMORE, MARYLAND, V	WHERE PRONOU	NCED DEAD	3. DATE		Month	Doy	Yeor	Hour	144.
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTION	N, GIVE STREET		NCED DEAD	August		968	5:20	
OK III SIII OII OII				A. STATE	SIDENCE (When		COUNTY	; residence be	etore odmissio	in)
Un	iversity Hos	pital	(DOA)		aryland	-	1	the A		
6. SEX	7. RACE	8. MARRIED	NEVER MARRIED	C. CITY OR	TOWN	0	MISIDE-CI	TY MAITS?		
Female	White	WIDOWED [DIVORCED	В	altimore		YE	SX	10 🗆	
9. DATE OF BIRT	lost hirthdo	n years If Unde	er 1 Yr. If Under 24 Hrs.	E. STREET A	ND NUMBER	W				
Sept.19	,1925	42		4:	18 W. Fay	ette Sti	reet			
11. BIRTHPLACE (S	State or foreign country)		IZEN OF	13. FATHER'S						
Tenn	essee	W.	A COUNTRY?	Will	iam Joh	nson				
4A.USUAL OCCU	PATION (Give kind of work									
m	vorking life, even if retired) Disahility			Lu	nda Dav	is				
16. WAS DECEAS	ED EVER IN U.S. ARMEI	FORCES?	7. SOCIAL	1B. INFORM			A	DRESS.	A.L. 2	
(Yes, no or unknown)	(If yes, give wor or dotes		SECURITY NO. 0-22-2890H	Mana	Panni	an Mati			Athol	AVE
19.	25.12		CAUSE OF DEA	0 - 0	. Berni	ce Mcr	arland	Balt	ROXIMATE INTE	RVAL
770	KIL						-l	BETWE	EN ONSET AND	DEATH
	E OR CONDITION DIRE	CTLY	CHIOHIC	pulmona	ary emphy					
	of meon the mode of dy	vina e a	(A)IMMEDIATE C		IEAL OF OF	pul	lmonale	5		
heart failure	, osthenio, etc. It meons the application which caused de	e diseose,	DUE TO, OK A	AS A CONSEQU	JENCE OF:					
injury or con	inplication which coused de	om.)								
At	NIECEDENT CAUSES		(B)							
DISEASES	OR CONDITIONS, IF AN	Y, GIVING	(B)	AS A CONSEG	UENCE OF:					
UNDERLYIN	NG CONDITION LAST.	IING INE	(c)							
Ó ZOO	4		(C)							
OTHER SIGN	IFICANT CONDITIONS C	ONTRIBUTING								
O THE DEA	ATH BUT NOT RELATED TO	THE TERMINAL	Phot77000007							
20A. DATE OF	OPERATION 20B. CO		HICH OPERATION W	AS PERFORM	ED			21. AUTOP	SY? (Yes or I	No)
5/										,
Z 22A EXTER	NIAL CALICE MAS	228 81	ACE OF INITION	1	C MUIERE DIR	/// B b:			es	
UNDERLYING	NAL CAUSE WAS GOR CONTRIB- USE OF DEATH.	home, fo	ACE OF INJURY (e.g., orm, foctory, street, offic	e bidg., etc.)	JURY OCCUR?	(II IN BOITIMORE C	Jity, give exo	ct locotion)		
≥ 22D. TIME	(Month) (Doy) (Yeo	r) (Hour) 22E.	INJURY OCCURRED	22	F. HOW DID IN	JURY OCCUR?				
OF INJURY (APPROX.)		m. WHI		WHILE O						
23.		m., #0	AI W	OKK L						_
I cert	ify that I held on I	nquiry 🔲 📗	nspectionAu	topsy X	and that on t	his bosis, de	oth in my	opinion		
result	ted from: Natural cau	ses X Acc	ident Suicio	le Ho	micide 🗌	Undetermine	I manner [
	01		7		HIEF MEDICAL]			
ACTUAL	(1/4.)		1		TANT MEDICAL		Ä		DATE SIGNE	D
SIGNATI		0,0	JA M.D).		_	1			
NAME (1	ER'S Charle	s S. Spri	ngate, M.D.	ASSO	CIATE MEDICAL	EXAMINER _	J Aug	sust 24	, 1968	
24A. BURIAL CRE	MATION, 24B. DATE	24C.	NAME of CEMETERY	ar CREMATO	RY 24D.	LOCATION	(City, town	, or county)	(Stote)	
REMOVAL (Speci	0 101	14060		~	-		_			
Buria.	0,00		St. James		Ph. J	enning		roll,	Md.	
25A. DATE REC'D	*	25B. NAME O	-		UNERAL DIRECT			DDRESS		
	AUG 27 1968	S 102 0 8	2 stableut	C.M	. Waltz	, Box a	241, 8	ykesv	rille.	Md.

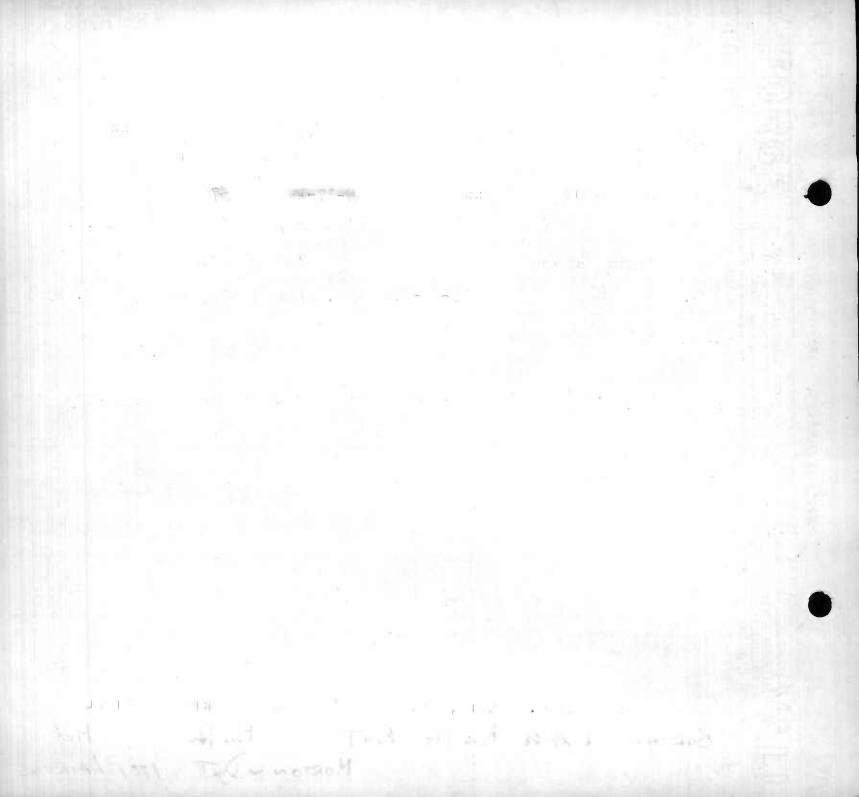
and, in The Market Company The second was explicit in Fig. scinital footuped, table ... 68-8760 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO. 68-8760
1. NAME OF DECEASED (Type or Print) JERRY MOODY	2. DATE Known Amanth Day Year Hour OF DEATH Estimated August 25, 1968
A. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	3. DATE Month Doy Yeor Hour PRONOUNCED DEAD August 25, 1968 9:05 A. M. 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
OO 2703 Round Road	A. STATE B. COUNTY Maryland
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro WIDOWED DIVORCED 9. DATE OF BIRTH 10.AGE (In yeors If Under 1 Yr. If Under 24 Hrs.	Baltimore YES NO
7-4-1894. last birthdoy) Manths Doys Haurs Min.	2703 Round Road
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Charlotte Co., Virginia WHATCOUNTRY?	Ned Moody
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY dane during mast of warking life, even if retired) Retired	15. MOTHER'S MAIDEN NAME Unk.
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes ap or unknown) (If yes, give war or dates of service) 17. SOCIAL 18. SECURITY NO.78	Mrs. Frances Moody 2703 Round Road
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES (A) IMMEDIATE C DUE TO, OR A	Clerotic cardiovascular disease AUSE US A CONSEQUENCE OF: AS A CONSEQUENCE OF:
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. AUTOPSY? (Yes or No)
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED (ASPECT) WHILE AT NOT	22F. HOW DID INJURY OCCUR?
23.	ond that on this basis, deoth In my opinion HomicIde Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER AUgust 25, 1968
REMOVAL (Specify) 8-28-68 Baltimore Na	t'l Cem. Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT. AUG 2 1960 Registrar	25C. FUNERAL DIRECTOR ADDRESS MORTON & DYETT F.H. 1701 Laurens St

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VS 150-REV. 1/1/6B

Find Alad add 174 sold about I

68- 8765 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE

2	-	MED	DICAI	EXAMINER'S	CERTIF	ICATE OF	DEATH	REG. NO	68-	8765
	RTH NO.									
1. (Ty	NAME OF DEC pe or Print)	WILLIAM	HENR	Y CORNISH	2. DATE OF DEATH	Known A	August	24, 19	968	Hour M.
4.	PLACE IN BAL	TIMORE, MARYLAND, V	VHERE P	RONOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour
HO	LL NAME OF SPITAL INSTITUTION	(IF NOT IN HOSPITADDRESS OR LOCA	AL OR INS	STITUTION, GIVE STREET		DUNCED DEAD RESIDENCE (Where	August			1:05 A. M.
		Provident Ho	-		A. STATE	Maryland	В. С	OUNTY	partition .	all
6.	SEX	7. RACE	B. MARI	RIED NEVER MARRIED	C. CITY O	RTOWN	D.	INSIDE CH	Y LIMITS?	0
	Male	Negro	WIDO	WED DIVORCED		Baltimore	2	YES	s 🔀	NO 🗆
11	8-12-19	lost hirthde	y)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET	AND NUMBER	1ond Ct			
		itate or foreign country)	-	12. CITIZEN OF	12 EATHE	2121 Sma1	TIMOOG 21	reet		
11		Co., Md		WHAT COUNTRY?		liam H. C	Cornish	, Sr.		
14A	SUSUAL OCCUPATION OF A DOPO OF	PATION (Give kind of work corking life, even if retired)	14B. KINI Jeste	or Business or industriern Md. R.R.	Unk		ΛE			
16.	WAS DECEASE	ED EVER IN U.S. ARMEI	FORCE	S? II7. SOCIAL	18. INFOR	MANT		AD	DRESS	
(Ye	s, no or unknown)	(If yes, give wor or dotes	of service	21 FECURITY N946	de a	Λ	-h		5.	11 15
\vdash	19. 4	Wu	7/1	CAUSE OF DEA	11 1111	E CORNIS	011 0	2121	Um/	PPROXIMATE INTERVAL
	7/0	120							BETV	WEEN ONSET AND DEATH
		E OR CONDITION DIRE	CTLY	Hypertens	sive ar	d arterios				
		LEADING TO DEATH		(A)IMMEDIATE	CAUSE		scular d	lisease	5	· · · · · · · · · · · · · · · · · · ·
	heart failure,	ot mean the mode of dy , osthenio, etc. It means the aplication which coused de	e diseose,	DUE TO, OR	as a conse	QUENCE OF:				
	An	NTECEDENT CAUSES		(2)						
	DISEASES C	OR CONDITIONS, IF AN	Y, GIVING		AS A CONS	EQUENCE OF:				
	UNDERLYIN	ABOVE CAUSE (A) STA	TING THE							
징	111			(C)						
F	4 4 5	IFICANT CONDITIONS C	ONITRIBIL	TING						
ူပွဲ	TO THE DEA	ATH BUT NOT RELATED TO	THE TERM	AINAL						
CERTIFICATION		CONDITION GIVEN IN P		FOR WHICH OPERATION W	AC DEDECOR	ALED	*******		O. Alive	DDCVA (V N-)
15	A DATE OF	OPERATION 208. CO	NUITON	FOR WHICH OPERATION W.	AS PERFOR	MED			21. AUIC	OPSY? (Yes or No)
بِ	1									Yes
DICA	UNDERLYING	NAL CAUSE WAS ON CONTRIBUSE OF DEATH.		22B. PLACE OF INJURY (e.g., home, form, foctory, street, offic	in or obout e bldg., etc.)	22C. WHERE DID (INJURY OCCUR?	(If in Boltimore Ci	ty, give exoc	t locotion)	
MED	22D. TIME (r) (Hou	r) 22E.INJURY OCCURRED		22F. HOW DID IN.	JURY OCCUR?			
	OF INJURY (APPROX.)				WHILE					
		ify that I held an I		☐ I	topsy 🔀		te beste des	al. t		
						ond that on th		,		
	result	ed from: Notural cau	ses A	Accident Sulcid	de 📙 🗈	lomicide 🗌 📗	Undetermined	monner L		
	ACTUAL	11 8	(,	11: -		CHIEF MEDICAL E	XAMINER			DATE SIGNED
	ACTUAL SIGNATU	JRE (Kar)	1 -	DA BALMO	AS:	SISTANT MEDICAL E	XAMINER X			27112 0101122
	EXAMINE NAME (T	ER'S Charles	S. 1	Springate, M.D.	ASS	OCIATE MEDICAL E	XAMINER	F	August	t 24, 1968
24	A. BURIAL CREA	MATION, 24B. DATE		24C. NAME of CEMETERY	ar CREMAT	ORY 24D.	LOCATION	(City, town,	or county	(Stote)
K	MOVAL (Specif	1 8-2	6-65	(Balla	NAT		Ball	MA	4	
26	DATE PECID	F 0 0	1 - 6	JAME OF BEGISTRAD	MAI	ONAH DIRECT	09 140,	119	PRECC	
23	A. DATE REC D	BY HEALTH DEPT.	23B. P	NAME OF REGISTRAR	25C.	FUNERAL DIRECTO	JK .		DRESS	
	A	106 27 1968	(Pale	entr E, Janbey MA	14	ORTON & D) yell	170	1 L1	AURENS
VS	151-REV. 1/1/6B			- 3 1	P. 4	1 10	7			12

Yes Will Have Bearin islandon alle di Light des ess , 12 B. H. H. Burgot 8-24-68 Balla National Balla, Nd.

Tip To overnally at

*	68-	8766	BALTIMORE CITY HE	EALTH DEPARTMENT	01000
	MED	DICAL E	EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 68	- 8766
BIRTH NO.				KEG. 140	
1. NAME OF DEC	CEASED	A marremm		OF .	or Haur
	77. 177	ATCHETT		DEATH Estimated L August 23, 1968	5:45 P.N
	TIMORE, MARYLAND, V				ar Hour
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU ATION)	TION, GIVE STREET	PRONOUNCED DEAD August 23, 1968	5:45 P.
OR INSTITUTION				5. USUAL RESIDENCE (Where deceased lived. If institution: reside	nce before admission)
42	Sinai Hosp	oital		A. STATE Maryland B. COUNTY	A Samuel
6. SEX	7. RACE		NEVER MARRIED	C. CITY OR TOWN D INTIDE CITY LIMI	TS?
Female	Negro	WIDOWED		Baltimore YES X	NO 🗎
9. DATE OF BIRTI	H 10.AGE (I		Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER	
Jan 12,	1912 lost birthdo	(A)	onths Doys Haurs Min.	3626 Lucille Avenue	
11. BIRTHPLACE (S	State or foreign country)		CITIZEN OF	13. FATHER'S NAME	-
Colvent	Co Morr	ban [WHAT COUNTRY?	Unk.	
14A.USUAL OCCU	CO., Mary	14B. KIND O	F BUSINESS OR INDUSTR	RY 15. MOTHER'S MAIDEN NAME	
done during most of w	working life, even if retired) WOYK			UNk.	
	ED EVER IN U.S. ARMEI		17. SOCIAL	18. INFORMANT ADDRESS	
(Yes_no or unknown)	(If yes, give war or dates	of service)	SECURITY NO.	Mr. Joseph Hatchett 3626 Lu	
119.	100 00		CAUSE OF DEA		APPROXIMATE INTERVAL
	1001		CAUSE OF DEA	Ain (BETWEEN ONSET AND DEAT
	E OR CONDITION DIRE	CTLY			
	LEADING TO DEATH of mean the made of dy	vina. e a	(A)IMMEDIATE	CAUSE Multiple traumatic injuries AS A CONSEQUENCE OF	
heart foilure,	, osthenia, etc. It meons the application which coused de	e diseose,	DUE 10, OK	AS A CONSEQUENCE OF:	
la minera					
	NTECEDENT CAUSES		(B)	R AS A CONSEQUENCE OF:	
RISE TO THE	OR CONDITIONS, IF AN'	TING THE	DUE 10, OK	AS A CONSEQUENCE OF:	
Z	NG CONDITION LAST.		(c)	======================================	
EZ8/6,	¥ 11				
□ TO THE DEA	IIFÍCANT CONDITIONS C ATH BUT NOT RELATED TO	THE TERMINA	G		
DISEASE OR	CONDITION GIVEN IN P	ART 1 (A).			
DATE OF	OPERATION 208. CO	NDIIION FO	R WHICH OPERATION W	VAS PERFORMED 21. A	UTOPSY? (Yes or No)
					Yes
UNIDEDIVING	NAL CAUSE WAS	hon	B.PLACE OF INJURY(e.g., ne, farm, factory, street, office	, in ar obout 22C. WHERE DID (If In Boltimare City, give exact locotice bldg., etc.) INJURY OCCUR?	on) 27-1:
□ UTING □ CA	USE OF DEATH.		street	Northern Parkway and Falls	Road
DE INJURY	(Month) (Doy) (Yeo	r) (Hour)	22E.INJURY OCCURRED		
(APPROX.)	8-23-68 3:	10 P.m.	WHILE AT NOT	WORK Driver in auto-auto collisi	ion
23.	.,				
11		_		utopsy 🛮 ond that an this basis, death in my apinio	n
result	ted fram: Natural cau	ses	Accident X Suici	de Hamicide Undetermined manner	
ACTUAL	00 1	()). 1	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATE	URE CHAS	7.6	To I MI	D. ASSISTANT MEDICAL EXAMINER X	DATE STOTED
EXAMINI NAME (T	ER'S Charle	s S. Sp	oringate, M.D.	ASSOCIATE MEDICAL EXAMINER Augu	st 24, 1968
24A. BURIAL CREA	MATION, 24B. DATE	2	24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or cou	unty) (State)
REMOVAL (Specif	() X-50	-64	Brooks Cha	11 -1	MI
DUKIA 25A. DATE REC'D	BY HEALTH DEPT	25R NAM	E OF REGISTRAR		ria.
ZOM. DATE REC D	AUG 27 19	m / 60 /	To STRAKE	25C. FUNERAL DIRECTOR ADDRESS	/
	70 g 13	مل ماله	300 C. 4000	MORTON - DYRTT 120	1 HAUREN
VS 151-REV. 1/1/6B	NXIV	107	0 0 0	08/069	1.

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Lead that the care of the care

BURIAL 8-28-68 STORY CONTROL PHIL

MORTON - DETT

w-452

68- 8767 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO

68-	8767	7

BIRTH NO.	REG. INO.
1. NAME OF DECEASED	2. DATE Known Manth Day Year Hour
(Type or Print) DAVIE WESLEY WILLIAMS	DEATH Estimated 8 22 68 6:35 p
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD August 22 1968 6:35 p.
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
Church Name and Name to 1 D O A	A. STATE B. COUNTY
Church Home and Hospital D.O.A.	Maryland
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS
Male Colored WIDOWED ☐ DIVORCED ☐	Balto. No No
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hr. last birthdoy) Manths, Days, Hours, Mir	E. STREET AND NUMBER
1/21/19 last birthdoy) Manths, Days, Hours, Mir	984 N. Franklintown Rd.
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Virginia WHAT COUNTRY?	Trian Williams
Virginia U.S.A. 14A-USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUST	Elijah Williams
dane during mast af warking life, even if retired)	
Laborer Sparrows Point	Beulah Alston 984 N. Franklintown Rd.
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dates of service) 17. SOCIAL SECURITY NO	18. INFORMANT ADDRESS
No 212-48-0186	Flijah Williams 984 N. Franklintown Rd.
19. CAUSE OF DE	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	CAUSE Stab wound of the chest
(This does not mean the mode of dying, e.g.,	R AS A CONSEQUENCE OF:
heart foilure, asthenia, etc. It means the diseose, Injury or complication which caused deoth.)	AS A CONSEQUENCE OF.
mary or complete the cost of control	
ANTECEDENT CAUSES (B)	
	R AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
OF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
O THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	WAS DEPLODATED
O	VAS PERFORMED 21. AUTOPSY? (Yes or No)
	YES
O	., in or obout 22C. WHERE DID (If in Boltimore City, give exoct location) ice bldg., etc.) INJURY OCCUR?
UNDERLYING LACK CONTRIB. UTING CAUSE OF DEATH. 22D. TIME (Manth) (Dov) (Year) (Hour) 22E INJURY OCCURED	302 N. Eden Street
22D. TIME (Manth) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F HOWDID INTURY OCCUPS
OF INJURY (APPROX.) 8 22 68 6:20ph, WHILE AT WORK	Subject stabbed during altercation
23.	WORK [A] Bubject stabbed during aftercation
I certify that I held on Inquiry Inspection A	utopsy XX and that on this basis, death in my opinion
SIGNATURE Schoold UKaull	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE More MEAN MAN	D. ASSISTANT MEDICAL EXAMINER XX
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Ronald N. Kornblum, M.D.	August 23, 1968
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER	Y or CREMATORY 24D. LOCATION (City, town, or county) (State)
REMOVAL (Specify) Burial 8/26/68 Arbutus Memor	riol Pork Boltimore Manualand
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	
\$110 co.co.c. A A 7 A	25c. FUNERAL DIRECTOR ADDRESS Arlington S. Phillips 1727 N. Monroe St.
AUG 28 1968 R. Carlo & Starting M.	O 8 1700 / MILLIPS TIET M. MOMINGE BU.

VS 151-REV. 1/1/68

8-8768 BALTIMORE CITY HEALTH	DEPARTMENT
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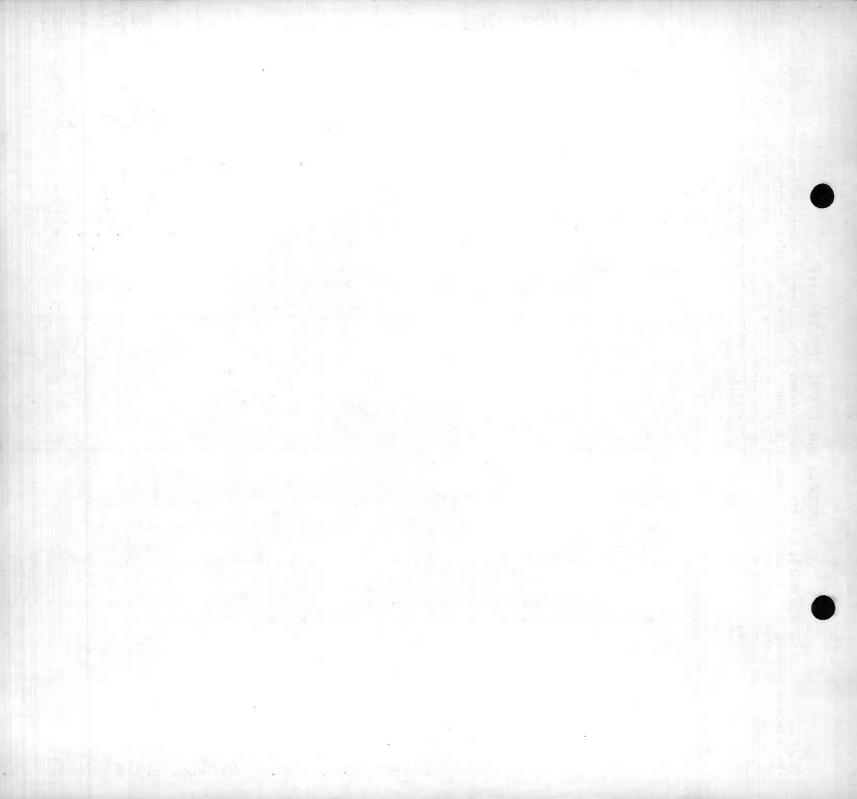
RIE	TH NO.		MED	ICAL		AINER'S		CATE OF	DEATH	REG. NO	-68-	8768	
_	NAME OF DEC	EASED					2. DATE	Known XX	Month	Day	Yeor	Hour	
(Type or Print) JEROME Joseph KLINGENBERG						OF DEATH	Estimoted	August	0.0	1968	1:20 Pm.		
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					3. DATE		Month	Doy	Yeor	Hour			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION (GIVE STREET ADDRESS OR LOCATION)						PRONOUNCED DEAD August 26, 1968 1:20 P							
					5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY Maryland								
6.	SEX	7. RACE				ER MARRIED	C. CITY OR			. INSIDE CIT	Y LIMITS?	-	
	male	wh:	ite	WIDOW		DIVORCED	Ba1	timore		YES	SKI N	10 🗆	
	DATE OF BIRTH		10. AGE (In			r. If Under 24 Hrs. s Hours Min.		ND NUMBER	A				
_	BIRTHPLACE (S		73		2. CITIZEN	OF		7 Anthomy	Avenue				
	Baltimor			,		OUNTRY?	Adam Klingenberg						
144	USUAL OCCU	PATION (GI	ve kind of work	48. KIND	OF BUSINE	SS OR INDUSTR		R'S MAIDEN NA					
	olice S			Balto	City	Police	Anni	e Masek					
16.	WAS DECEASI	ED EVER IN	U.S. ARMED	FORCES	17. SC	CIAL CURITY NO.	18. INFOR	TNAN		AD	DRESS		
(16:	Yes	WW	I	or service)		42-0564	Doroth	y Klingen	berg 52	07 Anth	ony Av	re. 21206	
	19. 410	1,41	DITION DIREC	TIY		CAUSE OF DEA	тн				BETWE	ROXIMATE INTERVAL EEN ONSET AND DEATH	
	LEADING TO DEATH (A) IMMEDIATE CA						CAUSE		vasculai	r Disea:	se		
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)												
Z	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)					AS A CONSE	QUENCE OF:						
CERTIFICATION	TO THE DEA	ATH BUT NO	II NDITIONS CO T RELATED TO I GIVEN IN PA	THE TERMI	NG NAL								
SERT	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA						AS PERFORMED 2					1. AUTOPSY? (Yes or No)	
												No	
EDICAL	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location home, farm, foctory, street, office bldg., etc.) INJURY OCCUR?									t locotion)			
Σ	22D. TIME		Doy) (Yeor) (Hour	22E.INJU	RY OCCURRED	2	2F. HOW DID IN	JURY OCCUR	?			
	OF INJURY (APPROX.) M. WORK NOT WHILE AT NOT WHILE AT WORK												
	I certify that I held an Inquiry Inspection Autopsy and that an this basis, death in my apinion												
	resulted from: Natural causes Accident Suicide Hamicide Undetermined manner												
	ACTUAL / LUCE ME 15						ASSI	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER X DATE SIGNATURE					
	EXAMINER'S Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER NAME (Type)									8	3/27/68		
	A. BURIAL CREA MOVAL (Specif	MATION,	248. DATE		24C. NAM	E of CEMETERY	or CREMATO	DRY 24D.	LOCATION	(City, town,	or county)	(Stote)	
	Burial		Aug 29,			Redeemer	Cemete	ry I	Baltimor	e , Mar	yland		
25	A. DATE REC'D	BY HEALTH	DEPT.	258. N	AME OF RE	GISTRAR		FUNERAL DIRECT			DRESS	2 03 004	
		AUG 2	8 1968	R.O.	in g.	Jaken	Dir	pel Bro's	Inc. 7	110 Bel	air R	1. 21206	
VC	1.51 DEM 1/1 /40			3	1 2	2 1 2	3 5 3	1 1 1		4			

Mil Ambgami , manufac with windred Whe produced is circular large the

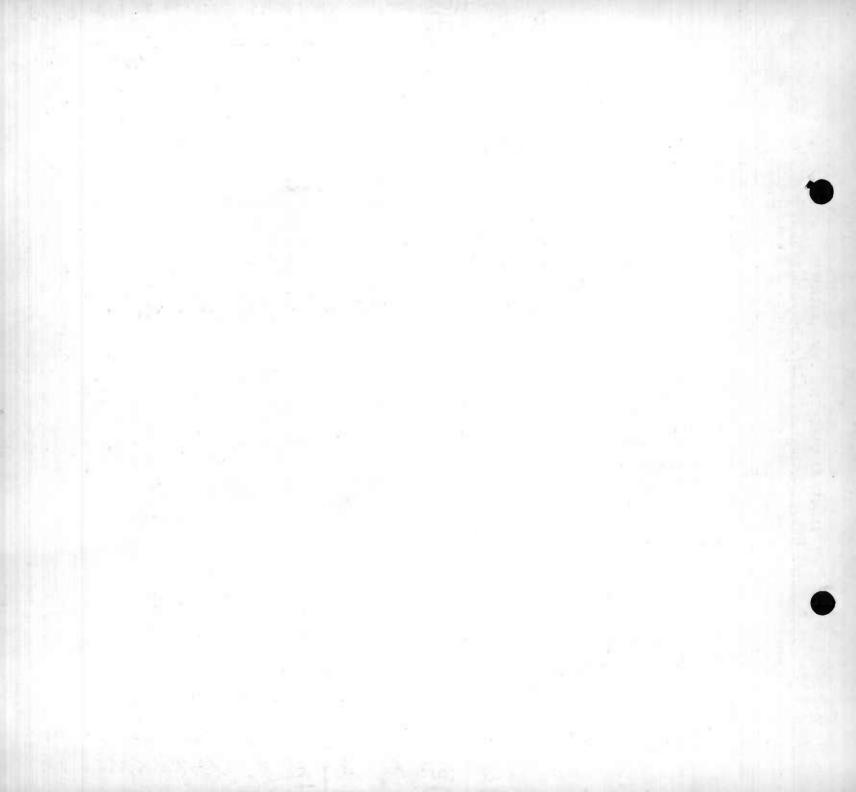
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VS 150-REV. 1/1/68



		CO	_ Ori	BALTIMORE CITY	HEALTH	CHECARIMENT,	GEORGIANN	A 72 6	83- 8770	
		00	- 877	CERTIFICA	TE O	FRDEATH	35- 189-393	. 0	207	
	BIRTH NO. I NAME OF DECEASED DR. PROYEDAND HOURDE DEATHED WD									
	ne or Print)	eorgiewnn	a C	vowner		AUG	oust 20	-1968	7/2:55 W. M.	
3.	PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	A. STAT		nere deceased lived. I	If institution; re	sidence before odmission)	
H	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR NOTITUTION GIVE STREET ADDRESS OR LOCATION)					C. CITY OR TOWN . D. INSUE CAY LIMITS?				
IN						Baltimore YED NOT				
10	41	1/0	· +1		E. STREET, AND NUMBER					
10	Unive	V5.14 76	spita) [958 Sto ddard Ct.					
S.		6. RACE	7. MARRIED	NEVER MARRIED	8. DATE	OF BIRTH	9. AGE (In years lost birthday)	If Under Months	1 Yr. If Under 24 Hrs. Doys Hours Min.	
	Female	Λ.	WIDOWED		8-7	1-4/	71			
		rorking life, even if retired)	IOR KIND OF	BUSINESS OR INDUSTRY	11. BIRIF	IPLACE (State or to	reign country	12, CITIZ	EN OF WHAT COUNTRY	
	Moureumotolide/des	_				Md.		U.	J.H.	
13.	FATHER'S NAM	1E			14. MOTHER'S MAIDEN NAME					
	dol	in Ka	ndal		Mary Davis					
IS.	Was Deceased s, no or unknown)	Ever in U. S. Armed Ford	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFO	MANT			ADDRESS	
	No			3/3-504-0140	Yeur	1/R/a	Ko Hou	DURN	md.	
	18.3 g	0 1		CAUSE OF DEATH	4	, ,,,,,,,		1,	APPROXIMATE INTERVAL	
		OR CONDITION DIR	RECTLY	Juspe	ote	d STT	35		7	
		LEADING TO DEATH	dvina a a	(A) IMMEDIATE CAU	ISE					
	heart failure,	asthenia, etc. It meons	the disease,	DUE TO, OR AS	A CONSEC	QUENCE OF:				
	injury or complication which caused death.) ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:									
1										
1	rise to the	obove couse (A)		Aortic	1 0	tenasis	& Inse	Pfic	encli	
	410 X	/ 11		120	10	Ruenu	notio Te	2011	215-0-5-	
Z	OTHER SIGNIFI	CANT CONDITIONS COL			1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
ATIO										
CERTIFIC						20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
2		T WAS UNDERLYING TING CAUSE OF	21 B.	PLACE OF INJURY (e.g., i e, form, foctory, street, of	n or obarut	21 C. WHERE DID	(If in Balti	imore Cily, give	exoct location)	
CAL		medical examiner		etc.)						
O.	21 D. TIME OF INJURY	(Month) (Doy) (Yeor)	(Hour) 21E.	INJURY OCCURRED		21F. HOW DID IN	NJURY OCCUR?			
ME	(APPROX.)		Whi Woi	le At Not Whit			0	0	1	
	22. I certify	that (1) (this haspital) attended ti	ne deceased from A	Mai	Ut 125	1948 10 4	uselle	126 1968	
	that (1) (we)	last sow the decease	d alive on	Buout!	26 19	48 ond	that in (my) (our)	apinion deot	h occurred on the dote	
	ond hour and	from the causes stat	ed above. H) (We) (did) (did not) v	iew the					
	23A, SIGNATUI							23 B. DAT	E SIGNED	
	A A	Przylu10	mil	Phys	nding	Med. Director	Staff Phys.	1	26-68	
23C-PHYSICIAN'S 23D. ADDRESS										
	NAME (TY	ith Ann Pir	zubi:	7	11	xIILENI	tu Was	hital/	/	
24	A. BURIAL CREA		1 2 4	ME of CEMETERY OF CRE	MATORY	24D.	LOCATION	ICity, town, o	r county) (State)	
	REMOVAL (S	8/3//i	8 1	Lews 10/	1		Tune de	in del	8 ml	
25	A. DATE REC'D	BY HEALTH DEPT.	25B. NAME C	OF REGISTRAR	25C.	FUNERAL DIRECTO			ADDRESS	
i	A	UG 28 1968	DO A	20 Falling	1 8	RR: R	1.818	N.C./4	LOUN ST.	
VS	150-REV. 1/1/6	В		C. Margari -	1000	The New 1 Per	7 / 0 / 0			



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68- 8771 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

68-	- 8	77	11
	~		no.

DIDTI	H NO		MED	ICAL	EXA	AMINER 3	LEKTIFIC	AIE OF	DEAL	REG. NO.		
	AME OF DEC	FASED					2. DATE	Knawn 🛨	Month	Day	Year	Hour
	or Print)		o apple	A DD	TOTAL	r	OF	Estimoted				
₄ PI	ACE IN BALT		ES EDW				3. DATE	L'anniored B	8 Month	25 Doy	68 Year	3:15 р м.
	NAME OF					, GIVE STREET		NCED DEAD				
HOSP	ISTITUTION	ADDRE	SS OR LOCA	TION)			C HEHAL DE	IDENCE (Wher	Augus		1968	3:15 рм
							A. STATE	SIDENCE (When	e deceased l	B. COUNTY	n: residence b	etare admission)
			s Hosp		D.0			aryland				di aftice.
6. SE	X	7. RACE		8. MARR	IED 🔲 I	NEVER MARRIED	C. CITY OR T	OWN		D. INSIDE	IT LIMITS?	me () the
	ale	Color		WIDOW		DIVORCED -	Balt			3		10 U
9. DA	ATE OF BIRTH		10. AGE (Ir			r 1 Yr. If Under 24 Hrs. Days , Haurs , Min.	E. STREET AT	ND NUMBER				41.
	in 3,		65				321	S. Payso	on St.		Witter.	
11. BI	RTHPLACE (S	late ar foreig	on country)			ZEN OF	13. FATHER'S	NAME				
Ma	ryland	d			U.	S.A.	Walt	er Levi				68- 277
	SUAL OCCUP			14B. KIND	OF BUS	SINESS OR INDUSTRY	15. MOTHER	S MAIDEN NA	ME			
done d	of mg most of w	urking me, ev	en intented)				Effi	e Mae T	aylor	3		
	AS DECEASE					SOCIAL	18. INFORM			A	DDRESS	
(Tes, F	na ar unknawn)	(It yes, give v	wor ar dates	or service		SECURITY NO.	Anna	Levi 3	21 N.	Payso	n St.	
19	150	0				CAUSE OF DEA					APF	ROXIMATE INTERVAL
	190,	6									BETWI	EEN ONSET AND DEATH
		EADING TO	ITION DIRE	CILY			0.00		C the	1		
	(This daes no	at mean the	made of dy			(A)IMMEDIATE O	AS A CONSEQU	cinoma o:	r the	COTOR	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	heart failure, injury or com											
											- 1	
		ITECEDENT		CIVING		(B)OUE TO, OR	AS A CONSEO	LIENCE OF				
	DISEASES O	ASOVE CA	USE (A) STA	ING THE		DOL 10, OK	AS A CONSEQ	DENCE OF.				
2	UNDERLYIN	G CONDIT	ION LAST.			(c)						
	153.8		11									
S	TO THE DEA											
CERTIFICATION	DISEASE OR	CONDITION	GIVEN IN PA	ART 1 (A).		******			*********			
21	DA. DATE OF	OPERATION	1 20B. COM	NOITION	FOR WH	HICH OPERATION W	AS PERFORME	D			21. AUTO	PSY? (Yes or Na)
3												No
¥ 2		NAL CAUSE			22B. PL A	CE OF INJURY (e.g., rm, foctory, street, offic	in or obout 22	C. WHERE DID	(If In Baltime	ore City, give exc	oct location)	
	INDERLYING JTING CAL			100	monne, no	ini, iociary, sireer, onic	e blag., elc./ liv	JOHN OCCOR:				
≥ 2	2D. TIME (ay) (Yeo) (Havi	22E.	INJURY OCCURRED	22	F. HOW DID IN	JURY OCC	UR?		
	APPROX.)				m. WHIL		WHILE ORK					
23	3,					A1 11						
	I certi	fy that I h	eld on I	nquiry [<u> </u>	spection XX Au	topsy 🗌	and that on t	his basis	, death in my	opinion	
	result	ed from: N	latural cau	Ses XX	Acci	dent Suicio	le Hor	nicide 🗌	Undeterm	ined monner		
		100 V	17	1	11-			HIEF MEDICAL				
	ACTUAL	DX	mld	10	115		ASSIS	TANT MEDICAL		絃		DATE SIGNED
	SIGNATU			V		M.D	· .	LIATE MEDICAL				
	NAME (T		dward	F. Wi	1son	. M.D.	A3300	JAIE MEDICAL	EVAMILLER	Angus	t 26,	1968
	BURIAL CREM	AATION, 2	4B. DATE	111		NAME of CEMETERY	or CREMATOR	Y 24D.	LOCATION		n, ar county)	
	OVAL (Specif	y)	0/20/	60	Α	abastas Man	Doml	-	mh	o More	han Fer	A
_	Burial	DV HEATTI	8/29/	_		butus Men				is, Mar	ATAIIG	Oh -
25A.	DATE REC'D					REGISTRAR	25C. FI	JNERAL DIRECT	UO/	mon R.	W. Call	ay
		AUG 2	8 1966	101	04. 5	2 FallenM	A Kel	son, Fur	neral	Home	1348	Calhoun St

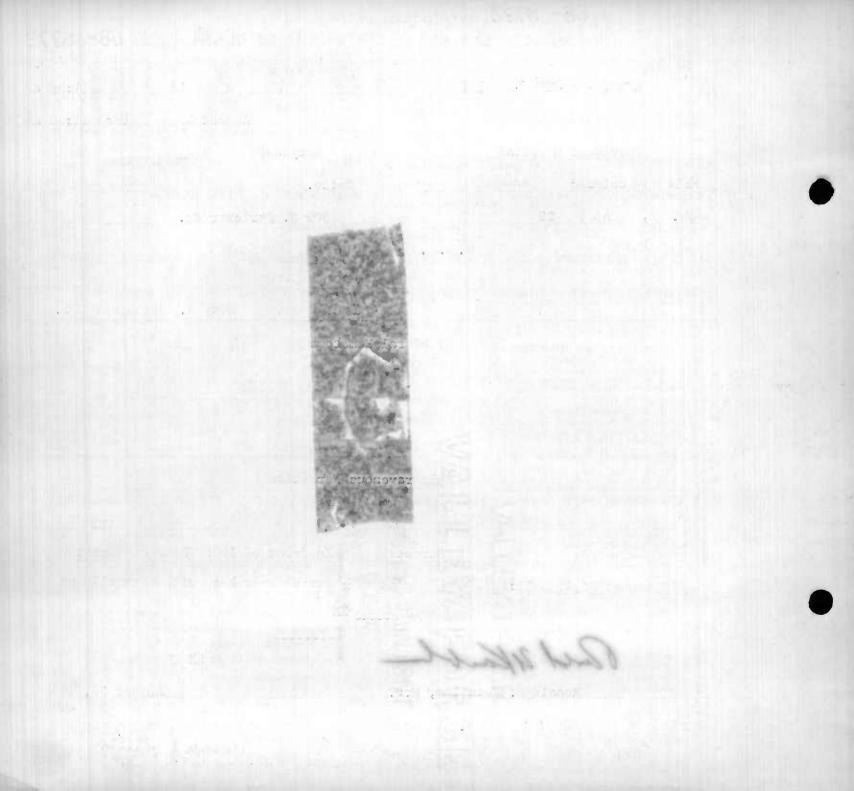
DISE. RISE

VS 151-REV. 1/1/68

Str. in Egypton May of The

3	8772	BALTIMORE CITY HEALTH DEPARTMENT	

t	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG, NO	68-8772
	RIH NO.		
	NAME OF DECEASED pe or Print)	2. DATE Knawn Manth Day	Year Hour
L	LEROY RERCEL GARRISON	DEATH Estimated 8 25	68 11:50 am.
4.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day	Year Haur
	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD	1069 11.50
OF	OSPITAL ADDRESS OR LOCATION)	5. USUAL RESIDENCE (Where deceased lived. If institution: re	1968 11:50 a M.
6	9	A. STATE B. COUNTY	asidence beidie damissidily
	Provident Hospital	Maryland	
6.	SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. ITISIDE CITY	LIMITS?
	Male Colored WIDOWED DIVORCED	Balto.	
9	DATE OF BIRTH 10. AGE (In years I If Under 1 Yr. If Under 24 Hrs.	Balto. E. STREET AND NUMBER	ET CHOLD
Ι.	last birthday) Manths Days Haurs Min.	E. STREET ATTO TOTALER	
	Nov. 3, 1945 22	809 N. Stricker St.	
11.	BIRTHPLACE (State or fareign country) 12. CITIZEN OF	13. FATHER'S NAME	
	Maryland What country?	George Garrison	
14	A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY		
da	ne during mast of warking life, even if retired)		
L		Arene Savoy	
16	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, na ar unknown) ((If yes, give war ar dates of service) 17. SOCIAL SECURITY NO.	A TOMAT CONTROL	RESS
,	Secretary 110.	Trene Savoy 806 N. Stri	icker St.
_	19. CAUSE OF DEA	TH * S	APPROXIMATE INTERVAL
	7- 100 IX	ACCOUNT OF THE PARTY OF THE PAR	BETWEEN ONSET AND DEATH
ı.	DISEASE OR COMMITTION DIRECTED	Hematoma	
П	LEADING TO DEATH	CAUSE	
		AS A CCNSEQUENCE OF:	
1	Injury ar camplication which caused death.)	96 1716	
		7000 - 2	
	ANTECEDENT CAUSES (B)		
	DISEASES OR CONDITIONS, IF ANY, GIVING PIECE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
١.	UNDERLYING CONDITION LAST.	SV, SS	
Z	(C)	······································	
ıĕ	E983X 11		
llŏ	TO THE DEATH BUT NOT RELATED TO THE TERMINAL INTRAVE!	nous Narcotism	
CERTIFICATION	DISEASE OR CONDITION GIVEN IN PART 1 (A).	HOGS HATCOCTOM	
2	20A, DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS 'PERFORMED	21. AUTOPSY? (Yes or No)
ူဗ	从		
بِ اا			YES
ူပိ	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- 22B. PLACE OF INJURY (e.g., home, farm, factary, street, allications)	in ar about 22C. WHERE DID (If in Baltimare City, give exact e bldg., etc.) INJURY OCCUR?	location)
🚊	UTING CAUSE OF DEATH. Street	In front of 1009 Whatcoat	
ĮΞ	22D. TIME (Month) (Day) (Year) (Hour) 22E INITIBY OCCURRED	22F HOW DID INJURY OCCUP?	
1	OF INJURY		sehell bet
	(APPROX.)August 25,1968 11:20 WORK ATW	Struck over head with bas	seball bat
	23.		
	I certify that I held an Inquiry Inspection Au	tapsy 🕮 and that an this basis, death in my ap	oinian
	resulted fram: Natural causes Accident Suicid	de Hamicide X Undetermined manner	
1	Accident Soleto		
	ACTUAL A / 1 / 1/1/ 1/	CHIEF MEDICAL EXAMINER	DATE SIGNED
1	SIGNATURE CONSTITUTED M.D	ASSISTANT MEDICAL EXAMINER	
	EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	
	NAME (Type) Ronald N. Kornblum, M.D.		ıst 26, 1968
24	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY		
RE	MOVAL (Specify)		
I	Burial 8/29/68 Mt. Auburn	Baltimore, Man	ryland
25	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR		RESE
	AUG 28 1968 12 0. 5 2 Farbura	- University Des	The state of the s
	400 1000 (CKRID C, 40000)	Kelson Funeral Home	348°Calhoun S
VS	151-REV. 1/1/68 0 A 9	0 9 7 7 0	1/
		1 0 1 1 60	1



G-125

68- 8773 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE OF	DEATH REG NO	68-	8773
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BIRTH NO.	REG. NO. UO OTTO
1. NAME OF DECEASED	2. DATE Known Month Doy Yeor Hour
(Type or Print) LEO GIBSON	OF DEATH Estimoted August 24, 1968
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD August 24, 1968 11:30 A.
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
Lutheran Hospital (DOA)	A. STATE Maryland B. COUNTY
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CHY LIMITS2
Male Negro WIDOWED DIVORCED	Baltimore ES X NOT
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER
Months, Doys, Hours, Min.	1633 Thomas Avenue
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
BALTIMORE Md. LYHALCOUNTRY?	115
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME
done during most of working life, even if retired)	C.E.E CILERY
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	20218 3182011
(Yes, ng or unknown) (If yes, give wor or dotes of service) SECURITY NO.	18. INFORMANT 2016 ADDRESS
NO	MISITUSSIC GIBSON MINOUSON
19. CAUSE OF DEAT	H APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arteriosc	lerotic cardiovascular disease
LEADING TO DEATH	AUSE
	S A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
Z (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. AUTOPSY? (Yes or No)
O	
_0	No
O HNDERLYING TOR CONTRIB	in or obout 22C. WHERE DID (If in BoltImore City, give exoct location) bldg., etc.) INJURY OCCUR?
UTING ☐ CAUSE OF DEATH.	
OF INJURY (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
m. WORK AT W	WHILE ORK
23.	
I certify that I held an Inquiry Inspection X Aut	opsy ond that on this basis, death in my opinion
resulted from: Notural causes X Accident Suicid	
	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE LUN J. gul M.D.	ASSISTANT MEDICAL EXAMINER X
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER August 25, 1968
NAME (Type)	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
PURIAL 827/68 M7. CALV	MARY BALLIMORE MA
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
AUG 28 1968 (0 52 January	Damen a trade
The state of the s	The state of the s
VS 151-REV. 1/1/6B	2713KIRKAVE, BAKTOMI

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VS 150-REV. 1/1/68

of death Deceased

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CERESULANCOURSE ACCUDENT

SHOCK

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ANGCARDIAL ISCHRENIA SILMTREAL BRONCHEPHENNOWIA

> فإدر فاسر فايد HERERDARRYHYEDI DI SAN

YAWISH K. CONDON, ND

15 July 30

VS 150-REV. 1/1/68

THE RESERVE THAT THE PROPERTY APPRAISES AND THE

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THE TRIP OF THE MAINTEN RECORDS - CELL ALL STEELS

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IMPORTANT

FUNERAL DIRECTOR:

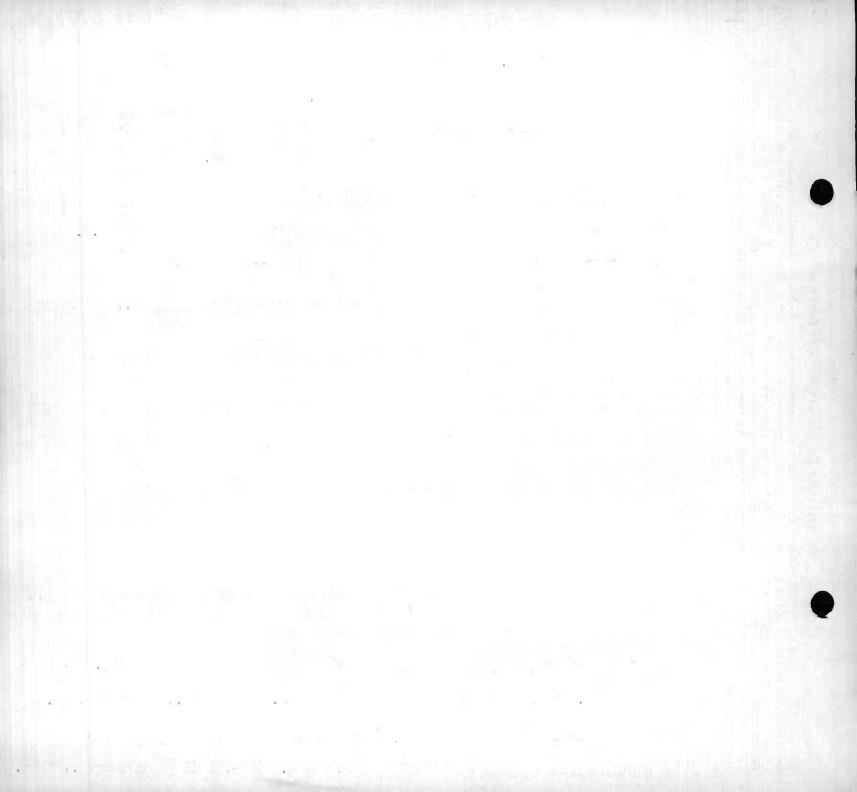
BALTIMORE CITY HEALTH DEPARTMENT

Wildelph Street Spectrum \$ 515 E 105 E STATES THE STATES PHO MINED BRIDE TO THE CHARLE PROPERTY ON Proposed and D 14 3. EN DE LIE SANDS OF HIS IN G #

2. DATE AND HOUR OF DEATH August 22, 1968 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY NSIDE CITY LIMITS VO 9. AGE (In years If Under 24 Hrs. II Under 1 Yr. lost birthdoy Monthsi Doys Hours 12. CITIZEN OF WHAT COUNTRY? U.S. Fuller ADDRESS Barbara Kotek, 4119 Doris Ave. Baltimore BETWEEN ONSET AND DEATH 20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exoct location) 21 F. HOW DID INJURY OCCUR? ond that in (my) (aur) opinion deoth occurred on the dote 23 B. DATE SIGNED Aug. 22, 1968 S. Hanover St., Baltimore, Md. (City, town, or county) shows: was George J. Gonce, LOO1 Ritchie Hgwy., Balto. VS 150-REV, 1/1/68

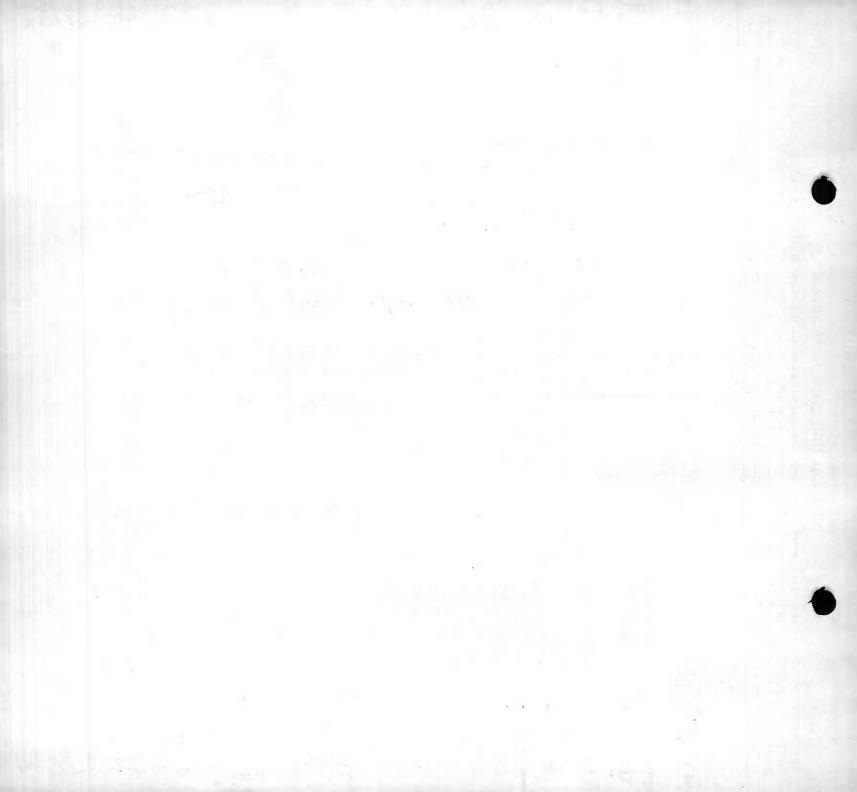
BALTIMORE CITY HEALTH DEPARTMENT

68-8777



4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE
B. COUNTY INSIDE CITY LIMITS YES V NO If Under 1 Yz. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH m40 everole 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ond that in (my) (our) opinion death occurred an the date 23B. DATE SIGNED Was VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT



W-300

VS 151-REV. 1/1/68

68- 8779 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	٨	MEDICAL	EXAMINER'S		OF DEAT	H REG. NO	68-	8779
NAME OF DEC	EASED			2. DATE Known X	Month	Doy	Yeor	Hour
(Type or Print)		NARD WADE	Jra	OF			968	
4. PLACE IN BAL			NOUNCED DEAD	3. DATE	Month	Doy	Yeor	Hour M.
FULL NAME OF HOSPITAL OR INSTITUTION		OSPITAL OR INSTITU	JTION, GIVE STREET	PRONOUNCED DEA	Augu		968	2:29 P.M.
OK INSTITUTION	St. Agne	es Hospita	1 (DOA)	5. USUAL RESIDENCE (A. STATE Marylan		B. COUNTY		d Baltimore
6. SEX	7. RACE	8. MARRIE	NEVER MARRIED	C. CITY OR TOWN		D. INSIDE CIT	TY LIMITS?	
Male	White	WIDOWE	DIVORCED	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Lansdown	YE	s n	NO 🗆
9. DATE OF BIRT			Under 1 Yr. If Under 24 Hrs. onths, Doys, Hours, Min.	E. STREET AND NUMB	th Avenu			- A
5 Oct 1	790		. CITIZEN OF	13. FATHER'S NAME			- 1	53-00
II. BIRTITE ACE (S	Total of Totalgii Coo	12	WHAT COUNTRY?	IS. PATHER S IVAME		-		
Glen B 14A.USUAL OCCU done during most of w	PATION (Ofve kind	of work 44B. KIND C	OF BUSINESS OR INDUSTRY	Leonard 15. MOTHER'S MAIDEN	B. Wade	Sr.		
	al Worker			Birdie	M. Wade			
16. WAS DECEASI (Yes, no or unknown)	ED EVER IN U.S. A	ARMED FORCES?	17. SOCIAL SECURITY NO.	18. INFORMANT		AC	DRESS	
Yes	1953		236-50-2902	Mrs. Helen	D. Wade.	Same as	5	
19.	247		CAUSE OF DEA			,	APP	ROXIMATE INTERVAL
DISEASI	F OR CONDITION	LOIDECTIV					DETWE	EN ONSET AND DEATH
	LEADING TO DEA		(A)IMMEDIATE C	AUSE Electroc	ution			
(This does n	ot meon the mode	of dying, e.g.,		AS A CONSEQUENCE OF:				
	, osthenio, etc. It me aplication which cou				6			
	NTECEDENT CAUS		(B)	AS A CONSEQUENCE OF:				
RISE TO THE	OR CONDITIONS,	A) STATING THE	00E 10, 0K	AS A CONSEQUENCE OF.				
Z UNDERLYIN	IG CONDITION	LAST.	(C)	140				
O THE DEA		ONS CONTRIBUTING TED TO THE TERMINING IN PART 1 (A).						
20A. DATE OF	OPERATION 20E	. CONDITION FO	R WHICH OPERATION W	AS PERFORMED			21. AUTOF	SY? (Yes or No)
							Y	es
UNDERLYING UTING CA	NAL CAUSE WAS OR CONTRIB- USE OF DEATH. (Month) (Doy)	ho	B.PLACE OF INJURY(e.g., me, form, foctory, street, offic ONSTRUCTION SI 22E.INJURY OCCURRED	te Berger	DID (If in Boltimo UR? Easte: Rd., Ell DINJURY OCC	rn Produ icott Ci	cts Co	.63-01
(APPROX.)	8-23-68	1:45 P. m	WHILE AT X NOT AT W	WHILE Using	defective	e electr	ic "sc	rew gun".
	ify that I held a	ın Inquiry 🗌	Inspection Au	topsy K and that	an this basis,	death in my	opinian	
result	red fram: Nature	al causes 🔲	Accident X Suicio	de 📙 Hamicide 📙	Undetermi	ned manner		
ACTUAL	(0)	1	11:07		CAL EXAMINER			DATE SIGNED
SIGNATU		les S. Spr	ringate, M.D.	ASSISTANT MEDI ASSOCIATE MEDI		X A	ugust	24, 1968
NAME (T	ype)		24C. NAME of CEMETERY		24D. LOCATION		, or county)	
REMOVAL (Specif	fy)							
Burial 25A. DATE REC'D		Aug. 68	ME OF REGISTRAR	emorial 25C. FUNERAL DI	RECTOR BY	rnie A	AA CO	J. Md.
	AUG 281	965 R. P.	to E. Farbury	Kirkley	Funeral	Home, G	len Bw	rnie, Md.

5 10th 1 3

print butgetent?

Birdie M. Mede P.

Looperd B. cade, St.

muchanat prattities

240 - 1953 - 1 236-70-2922 | Hs. Helen D. Male, Suna an 5

27 Aug. 68 Chen Haven severing Clem Service . 14.00. 10.

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a hospital and

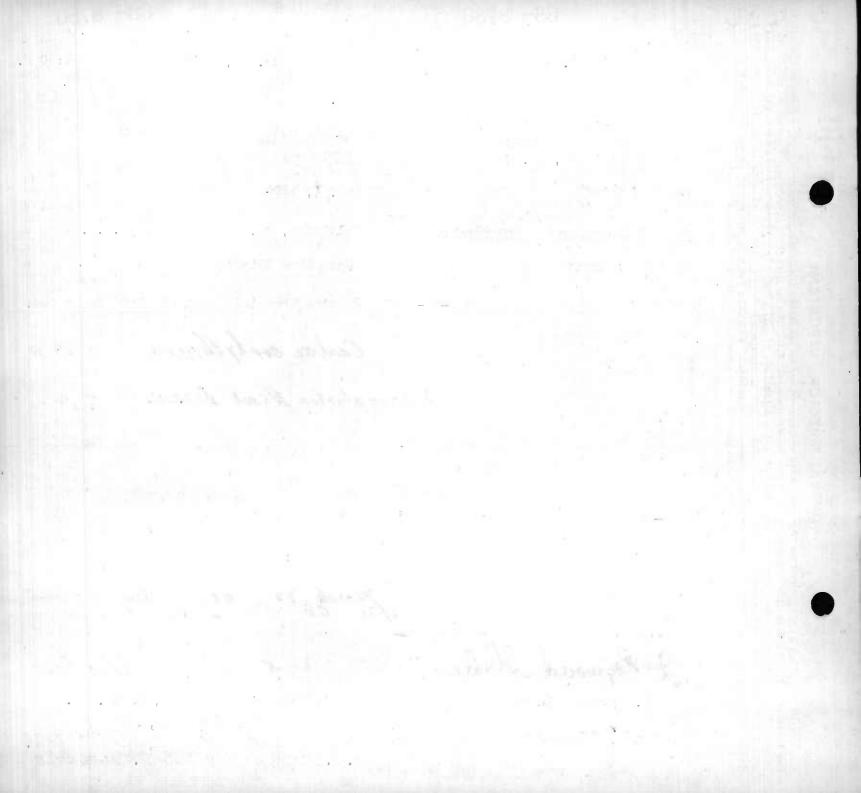
68- 878	BALTIMORE CITY CERTIFICA			REG. NO	68-	8780		
EASED			2. DATE AND	HOUR OF DEATH				
Regina M. Brady			Aug. 25	, 1968	1	4:50 P.M.		
MORE, MARYLAND, WHERE PRONO	JNCED DEAD	4. USUAL RESI	B. COUNTY	eceased lived. If i	nstitution: res	idence before admission)		
(IF NOT IN HOSPITAL OR INSTIT	JTION, GIVE STREET	Md. 25-41						
Jenkins Memorial Ho 1000 Caton Avenue		Baltime	YES T	NO 🗌				
Baltimore, Md. 2122	9	1000	CATON A	AVE				
6. RACE 7. MARRIED WIDOWED WIDOWED	NEVER MARRIED X	Feb. 7.	TH 9. A	AGE (In years birthday) 89	If Under Manths D	1 Yr. If Under 24 Hrs. Days Hours Min.		
PATION (Give kind of work 108, KIND OF varking life, even if retired) RETIRED	BUSINESS OR INDUSTRY F HAWAII RECXX	Baltimo	(State or foreign	country)		S.A.		
S. Brady		Josephine Blimline						
Ever in U. S. Armed Forces? (If yes, give wer or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT			,	ADDRESS		
	220-48-4167	Jenkins	Memorial	Hospital	1000	Caton Ave.		
E OR CONDITION DIRECTLY LEADING TO DEATH of mean the made of dying, e.g., asthenia, etc. It means the disease, plication which caused death.)	(A) IMMEDIATE CAL DUE TO, OR AS	JSE Cardia A CONSEQUENCE			a	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH 5 MIL		
NTECEDENT CALISES	11	1	1/2	1 11 00		15140		

3. PLACE IN BAL	TIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (Who	era deceased lived. If i	nstitution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	Md.	2	SIDE CITY LIMITS?
	Jenkins Memorial	Hospital	Baltimore		YES NO
7/	1000 Caton Avenu	0	E. STREET AND NUMBER		
1 /	Baltimore, Md. 2	1229	1000 CATON	AVE	
SEX	6. RACE 7. MAI	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Manths: Days Hours Min.
Female	White WIDO	OWED DIVORCED	Feb. 7, 1879	89	
OA. USUAL OCC	UPATION (Give kind of work 108, KII	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY
Tencher	warking life, even if relired) SAT		Baltimore, Md.		U.S.A.
3. FATHER'S NA	ME TIRED XX	XXXXXXX	14. MOTHER'S MAIDEN NA		0,01A1
Dahamb	C Dec - dec		Is combine 214	-14 ma	
	S. Brady Ever in U. S. Armed Forces?	1 6. SOCIAL	Josephine Bli	ruttue.	ADDRESS
res, no or unknown	(If yas, give war ar dates of se	SECURITY NO.	17. INFORMANT		ADDRESS
Unknown		220-48-4167	Jenkins Memori	lal Hospital	
18.4/	3	CAUSE OF DEAT	TH .		APPROXIMATE INTERVAL
DISEASES (rise Ia Ih UNDERLYIN UNDERLYIN OTHER SIGNII TO THE DEA' DISEASE OR O'	FICANT CONDITIONS CONTRIBUTED TO THE TERM CONDITION GIVEN IN PART 1 (A).	TING	S A CONSEQUENCE OF:	we Deso	
19A. DATE OF	F OPERATION 198. CONDITION	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	a) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBI	NT WAS UNDERLYING UTING CAUSE OF medical examiner	21B, PLACE OF INJURY (e.g., hame, form, factory, street, o	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltima	ra City, give exact location)
21 D. TIME	(Month) (Doy) (Year) (Hour	21 E. INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
OF INJURY		While At Not Whi	le 🗍		
22 1	/ /			10 63	QUA 2 5 1968
	that (17) (this hospital) atten	_/		19 62 ta	and the state of the same of t
that (4) (we)) last saw the deceosed alive	e an	25 1968 ond t	hot in (pay) (our) op	inion death occurred on the da
	d from the couses stated obc	ive. (+) (We) (did) (did not)	view the body ofter deoth.		
23A. SIGNATU	JRE A O	1// 1		c. " =	23B. DATE SIGNED
7.	Konvoied 2	Leta DEGREE Phy	ending Med. Director	Staff Phys.	8/25/68
23 C PATSICIA	ANS		23 D. ADDRESS		
-	. Raymond Gladue	Florida States of	Jenkins Memor	al Hospital	. Balbo. Md.
AA. BURIAL CRE	MATION, 24B, DATE	AC. NAME of CEMETERY OF CR		LOCATION (C	City, towns or county) (State)
REMOVAL	Specify)		a Gree	DALTIMORE	I , IID o/
BURIA	L 8/27/68	NEW CATHED.	RAL CEMETERA	TOKA XXXXXX	WANTER XXXXXXXX
IDM. DATE REC'D	ALC OR SOCK	AME OF REGISTRAR	H.W. MEARS	SON 805	N. CALVERTST
	444 Un 2 / 1545 N / 520	THE STATE OF SHIP ASSESSMENT ASSE			

VS 150-REV. 1/1/6B

BIRTH NO.

1. NAME OF DECEASED



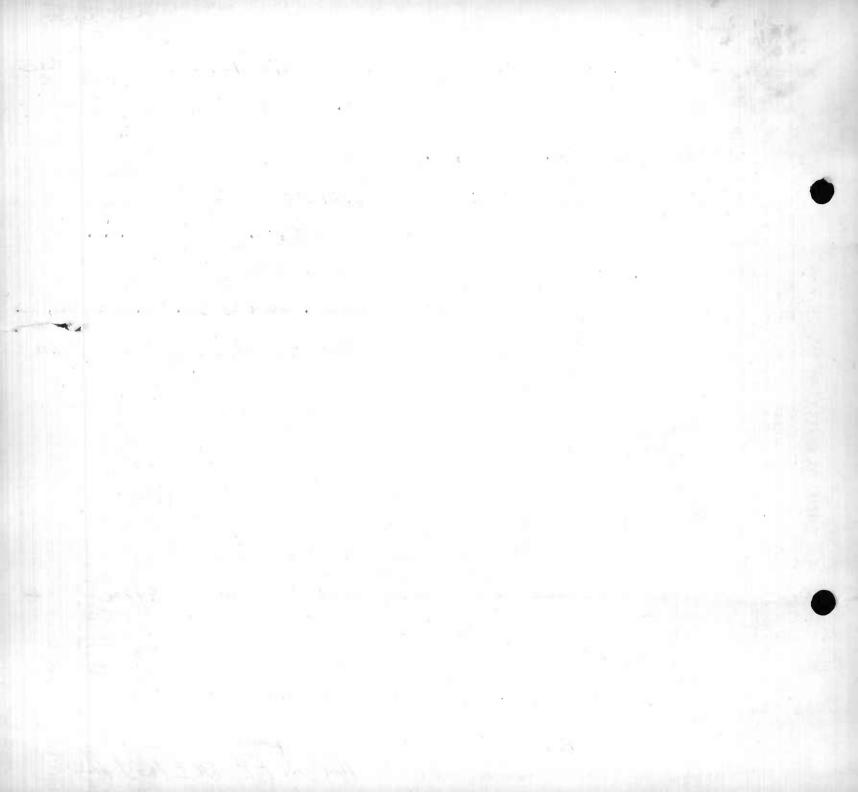
w-426

68-8781 BALTIMORE CITY HEALTH DEPARTMENT

Type or Print)	SANDRA	WALKE	D	2. DATE Known X	Manth	Day	Yeor	Hour	
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			DEATH Estimoted	August				M
PLACE IN BALTIMORE,	100	EN PRONC	STREET 9/12/6	3. DATE PRONOUNCED DEAD	Augus t	24,	1968	12:01	P,
OR INSTITUTION		~		5. USUAL RESIDENCE (Where		COUNTY			ian)
	Agnes Hos		(DOA)	Maryland		į.		imore	
5. SEX 7. RAC			NEVER MARRIED	C. CITY OR TOWN			CITY LIMITS?		
		WIDOWED		Baltimore		,	YES	NO X	
7/9/1968	10. AGE (In y lost birthday)		nder 1 Yr. If Under 24 Hrs. This Days Haurs Min.	e. STREET AND NUMBER 107 Colony	Hill Co	ourt		53 -0	20
1. BIRTHPLACE (State or for Maryland			VHAT COUNTRY? U. S. A.	13. FATHER'S NAME Anthony	O Walke	יינב			
4A.USUAL OCCUPATION	(Give kind of work 14	4B. KIND OF	BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NA		<u> </u>			
ane during mast of warking lift None	te, even if retired)			Sandra E	Jacob				
6. WAS DECEASED EVER			17. SOCIAL		more, M	7	ADDRESS	21227	
Yes, na or unknawn) (If yes, g No	ive war or dates af	service)	None	Mr. Anthony O.			lol ony	Hill Co	11111
19. 4 3 0 1			CAUSE OF DEA		walker	1010	A	PPROXIMATE INT	ERVAL
	ENT CAUSES	GIVING	(B)	AS A CONSEQUENCE OF:				****************	
DISEASES OR CON RISE TO THE ABOVE UNDERLYING CON OTHER SIGNIFICANT TO THE DEATH BUT	DITIONS, IF ANY, CAUSE (A) STATIL NOTION LAST. II CONDITIONS COLORO TRELATED TO THE	NG THE NTRIBUTING HE TERMINAL	(B)(C)	AS A CONSEQUENCE OF:					
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DISEASES OR CON RISE TO THE ABOVE UNDERLYING CON OTHER SIGNIFICANT TO THE DEATH BUT DISEASE OR CONDIT 20A. DATE OF OPERA UNDERLYING CAUSE OF 22D. TIME (Manth) OF INJURY (APPROX.)	DITIONS, IF ANY, CAUSE (A) STATII NDITION LAST. II CONDITIONS COLONOT RELATED TO THE CONTRIBUTION PARTITION PARTITION 20B. CONE	NTRIBUTING HE TERMINAL RT 1 (A). DITION FOR 228.1 (Hour) 2	WHICH OPERATION WA	AS PERFORMED				Yes	r No)
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VS 151-REV. 1/1/6B

Letter dated 9/5/60 from Dr.Springate, Asst.M.E.



VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

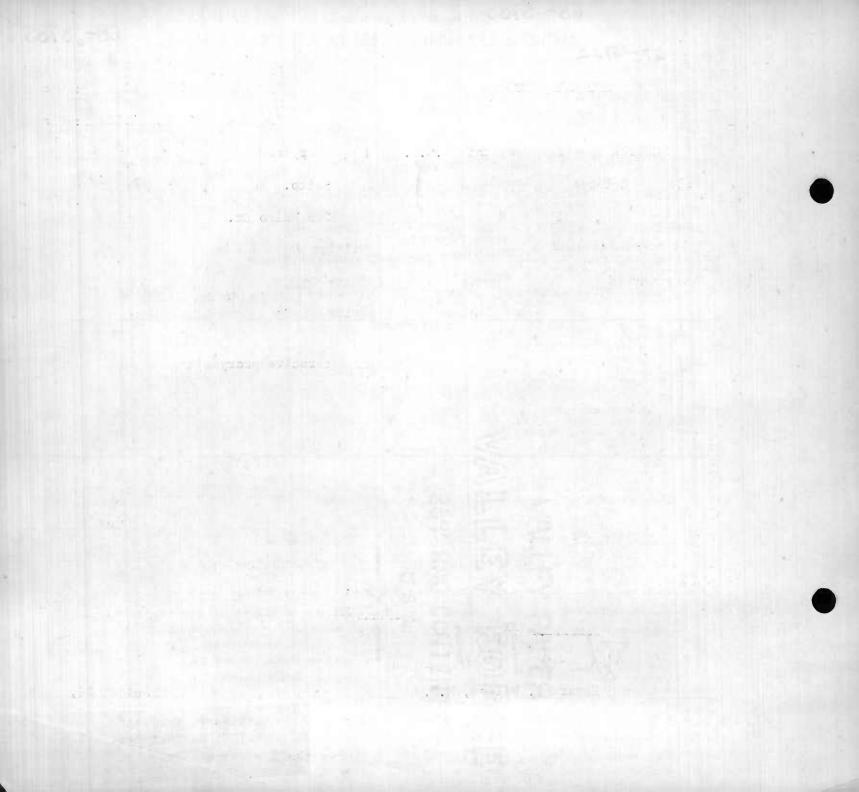
TE CONCERNY Trees, Acresto Les on Contractor 2/2 30 10/10 - III + KE THE TA Nowales it will be the state of the formal to a finish

Jung land 201-29-1657 John Lakenston 11 86 86 68- 8785 BALTIMORE CITY HEALTH DEPARTMENT

BIR	TH NO. 67	-1582	MED	ICAL		AMINER'S			OF DEA	TH REG. NO	68	8- 878	35
1. 1	NAME OF DEC	CEASED		מחדות			2. DATE OF	Known &		Doy	Yeor	Hour	
4	PLACE IN BAL		CHONY V			NCED DEAD	DEATH 3. DATE	2311110100	Month	25 Doy	68 Yeor	9:40 a	M.
FUL	L NAME OF SPITAL INSTITUTION	(IF NO		LORINS		N, GIVE STREET	PRONO	ESIDENCE ()		25	1968	9:40 8	1 M.
-	10 10 10	- 20					A. STATE			B. COUNTY		X	,
		urch Ho	ome and				0.000	Maryla	ınd	To taleform	0171/ 111-1700		
6. 5	sex.	7. RACE		B. MARE	RIED	NEVER MARRIED	C. CITY OF	TOWN		D. IIVALUE	CITY LIMITS?		
	Male	Color	red	WIDOW	VED 🗌	DIVORCED -		Balto.			YES 🔀 💃	NO D	
9. [DATE OF BIRT	Н	10. AGE (In			er 1 Yr. If Under 24 Hrs. Doys , Hours , Min.	E. STREET	AND NUMBE	R	0			
	8-3-1967	7	1	''			1	209 Wal	do Ct.				
11.	BIRTHPLACE (State or foreig	n country)		100	IZEN OF	13. FATHER						
	Baltimon	re, Mar	yland			S.A.	Wi11	iam Jame	es White				
I 4A		PATION (Giv	e kind of work	14B. KINI	OF BU	SINESS OR INDUSTR					19.55		
1	never wo	4 4	1		nor	ne	Bett	Crosb	У				
16.	WAS DECEAS	ED EVER IN	U.S. ARMED	FORCE	\$? 1	7. SOCIAL SECURITY NO.	IB. INFOR	MANT 120	8 Waldo	Ct. 212	ODRESS		
	no	Mil Ags, Black	voi oi doles	01 361 4106	'	none	Bett	Crosb	y Lawren	ce - Mo	ther		
_	19.	. v				CAUSE OF DEA		02002			Al	PROXIMATE INTER	
	400	5.6									BETV	EEN ONSET AND	DEATH
Н	DISEAS	LEADING TO		CILY			777						
	heort foilure	not mean the e, osthenio, etc application whi	mode of dy	diseose,		(A)IMMEDIATE (DUE TO, OR	AS A CONSEC	CERALLY DUENCE OF:	e_phary	igitis			
CERTIFICATION	DISEASES RISE TO TH UNDERLYII 472. OTHER SIGN	VIFICANT CON	ONS, IF ANY USE (A) STATE	ONTRIBU	TING	(B)	AS A CONSE	QUENCE OF:					
프	DISEASE OF	ATH BUT NOT CONDITION	GIVEN IN P	ART 1 (A)	INAL							**********	
CERT	20A. DATE O	F OPERATION	20B. CO	NOITION	FOR W	HICH OPERATION W	AS PERFOR!	MED				PSY? (Yes or h	10)
EDICAL	22A. EXTER UNDERLYING UTING CA		TRIB-		22B. PL	ACE OF INJURY (e.g., orm, foctory, street, office	in or obout te bldg., etc.)	22C. WHERE NJURY OCC	DID (If in Boltim UR?	nore City, give e	xoct locotion)		
M			Poy) (Yeor	r) (Hou	1		WHILE	22F. HOW DI	D INJURY OC	CUR?			
	23. I cert resul ACTUAL SIGNAT EXAMIN NAME (**	URE IER'S Type) E	dward	505	L Acc	nspection Au sideht Suicio	de H	omicide CHIEF MEDIO ISTANT MEDIO DCIATE MEDIO	CAL EXAMINER CAL EXAMINER CAL EXAMINER	nined manner	August	DATE SIGNE	
RE.	A. BURIAL CRE MOVAL (Spec urial	MATION, 2	8-29-	68		NAME of CEMETERY		ORY	Baltimo	N (City, to	wn, a county) (Stote)	
25/	A. DATE REC'D	A	DEPT. 8 1968			F REGISTRAR			RECTORI 735		dows.	21213	

VS 151-REV. 1/1/68

Marshall W. Jones, Jr.



VS 150-REV. 1/1/68

Constitution Contest

Constitution Contest

Constitution Cotton

Constitution Cotton

Constitution Cotton

Constitution Cotton

Constitution

Helderman

68- 8787 BALTIMORE CITY HEALTH DEPARTMENT

	3	MED	ICAL	EXAMINE	R'S C	ERTIFICA	TE OF	DEATH	REG. N	68-	8787	
1.	NAME OF DECE	CHARLE:	s woo	DSON		OF	inown 🗴	Month August	Doy 24,	1968	Hour	
FU	PLACE IN BALTIII LL NAME OF SPITAL INSTITUTION	MORE, MARYLAND, V (IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INS	ITUTION, GIVE STREET		3. DATE PRONOUNCE		Month August			2:45 P.	
	Un	iversity Ho			(DOA)	I Italy Land						
	Male 7	Negro	B. MARR	IED NEVER MARI		C. CITY OR TOW Bal	vn ltimore		D. INSIDE	CITY LIMITS?	- 01	
9.	DATE OF BIRTH $4/2/23$	10. AGE (I lost birthdo 45	yeors	If Under I Yr. If Under Months Doys Hour	r 24 Hrs.	E. STREET AND	NUMBER	ca Stre	et		NO L	
	Baltim	ore, Md		12. CITIZEN OF WHAT COUNTRY			lam Woo					
dor	e during most of wor		Con	struction	NDUSTRY	Dais	y Harg					
(Y e	s, no or unknown) (III	DEVER IN U.S. ARMEI fyes, give wor or dotes	of service) 17. SOCIAL SECURITY	NO.	Mrs Odel		gan 817	E. C	ADDRESS hase St		
	(This does not heart failure, o	OR CONDITION DIRE ADING TO DEATH meon the mode of dy sthenio, etc. It meons the licotion which coused de	ing, e.g.,	(A) <u>IMM</u>		AUSE Stabwo		chest			PPROXIMATE INTERVAL WEEN ONSET AND DEAT	
CERTIFICATION	DISEASES OF RISE TO THE A	CONDITIONS, IF AN ABOVE CAUSE (A) STA CONDITION LAST.	TING THE	(c)	TO, OR A	AS A CONSEQUEN	ICE OF:					
FIC	TO THE DEATI DISEASE OR C	ICANT CONDITIONS C H BUT NOT RELATED TO ONDITION GIVEN IN P	THE TERM	INAL		rate dar-alle liberate das das das das liberates mit del ricy en rep rep literatura das das das das		er der der sie mit den der een de der der een de der der een de der	ar al de librar as distribuit de serve as al		700000 WW 4647 4640 4640 4640 46 46 46 46 46 46 46 46 46 46 46 46 46	
1	1	OPERATION 20B. CO									Yes OF No)	
MEDICA	UNDERLYING TO CAUS	SE OF DEATH.		22B. PLACE OF INJU home, form, foctory, st home		905	S. Pa	ca Stre	et	exoct location)	1	
	(APPROX.) 8	-24-68 2:2.	,	m. WHILE AT WORK		WHILE		by unkr		ssailan	ıt	
		y that I held an I d fram: Natural cau	nquiry [Suicide		recen	his basis, d Undetermin				

ACTUAL SIGNATURE Charles S. Springate, M.D. EXAMINER'S

CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

August 25, 1968

DATE SIGNED

24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE Burial

24C. NAME of CEMETERY or CREMATORY Baltimore National

24D. LOCATION (City, town, or county) Baltimore , Maryland

25A. DATE REC'D BY HEALTH DEPT.

NAME (Type)

25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

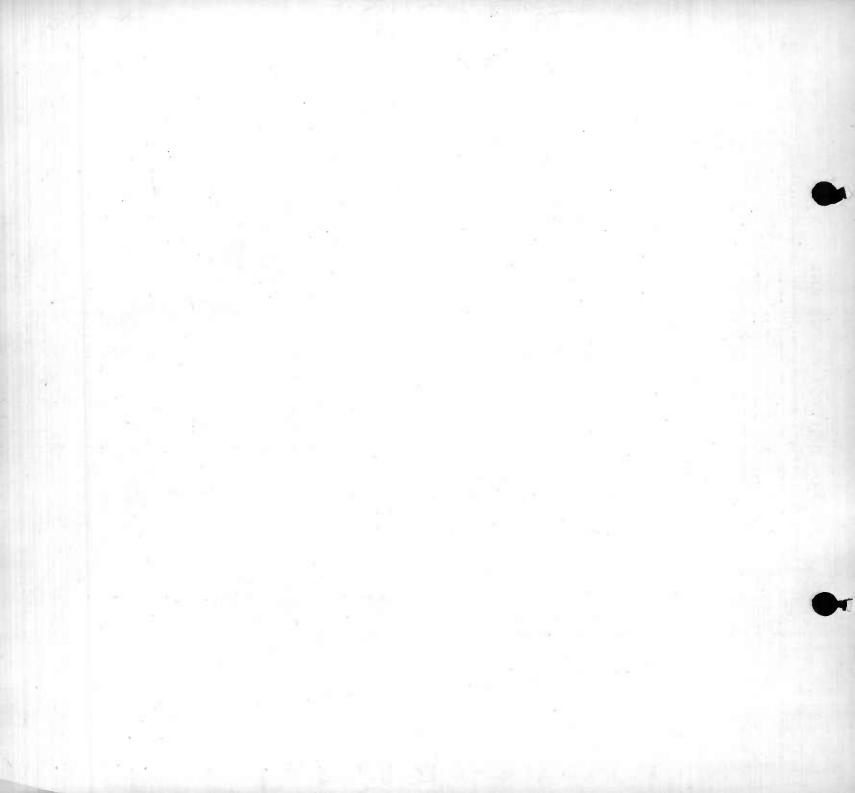
ADDRESS Herbert E. Nutter 3035 W. North Ave.

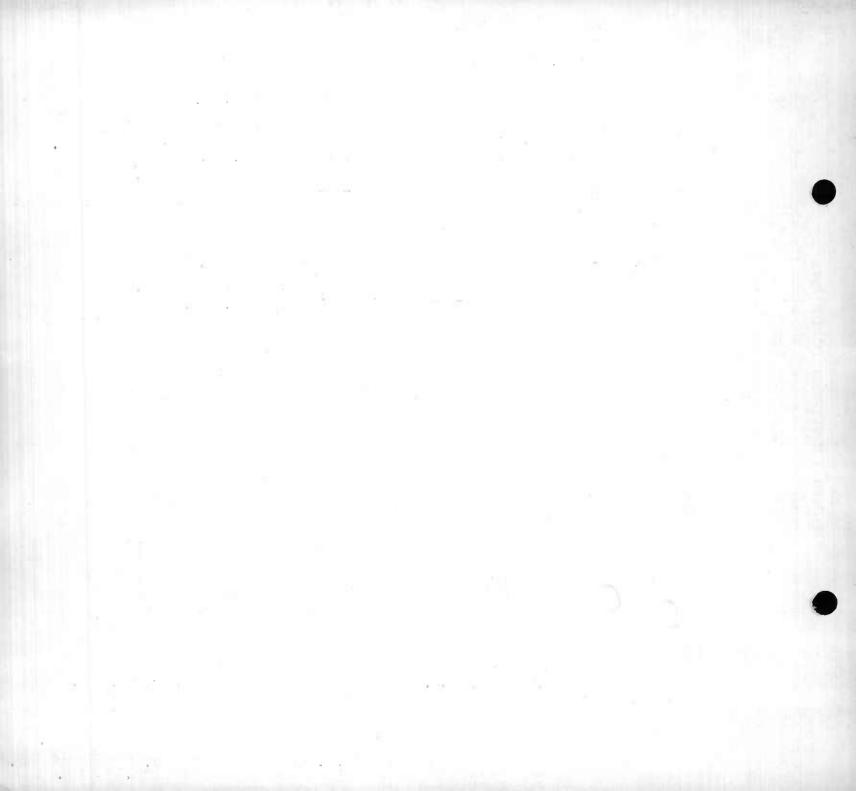
VS 151-REV. 1/1/68

THE REST, LITTLE BUT for Es The Sometiment Selection Selection 2,2

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT





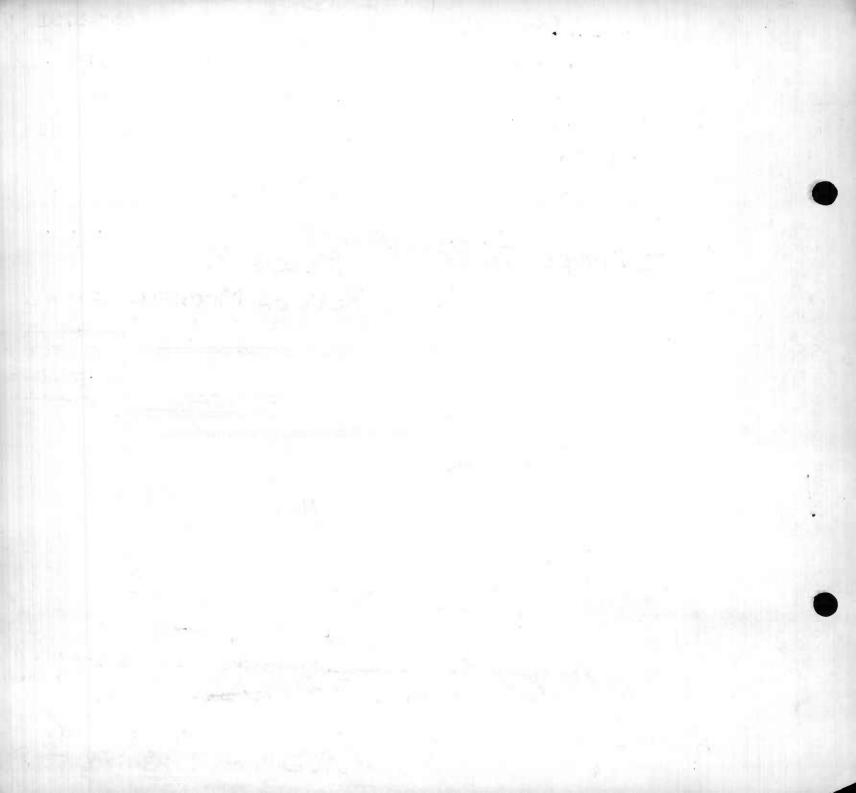
68- 8790

BALTIMORE CITY H				00	07100
MEDICAL EXAMINER'S	CERTIFIC	CATE OF	DEATH REG. NO	68-	8790
		Known 🗌		Yeor	

BIRTH NO.	REG. NO.
NAME OF DECEASED	2. DATE Known Manth Day Year Hour
(Type or Print)	OF
VINCENT P HOBBS 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted August 27, 1968 2:45 Am. 3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	August 27, 1968 3:05 A.M.
114	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
7 Union Memorial Hospital	Maruland
6. SEX 7. RACE 8. MARRIED X NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
male white WIDOWED DIVORCED	Baltimore 21218 VES X NO D
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	
lost birthday) Manths ; Days , Hours , Min.	
7/19/1918 50	34 E. 27th St.
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
Johnson City Tenn. U.S.A.	George Francis Hobbs
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR done during mast of working life, even if retired)	Y 15. MOTHER'S MAIDEN NAME
Plumbing-Heating M.Nelson Barnes	Emma Florence Hobbs
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor ar dotes of service) 216-10-0841	
19. () CAUSE OF DEA	
17.4/2,4 1	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arteric	sclerotic Cardiovascular Disease
LEADING TO DEATH	
	AS A CONSEQUENCE OF:
injury ar camplication which caused death.)	
ANTECEDENT CAUSES (B)	
	AS A CONSEQUENCE OF
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	AS PERFORMED 21. AUTOPSY? (Yes or Na)
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). TO THE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or Na) Yes
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION W OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OF THE	AS PERFORMED 21. AUTOPSY? (Yes or Na)
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RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) THE VALUE OF THE PROPERTY OF THE PROP	AS PERFORMED 21. AUTOPSY? (Yes or Na) Yes in or obaut 22C. WHERE DID (If in Baltimore City, give exact location) te bldg., etc.) INJURY OCCUR?
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WILLIAM DISEASE OR CONTRIBUTION FOR WHICH OPERATION WILLIAM DISEASE OF CONTRIBUTION FOR WHICH OPERATION WILLIAM DISEASE OF DEATH. 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 22D. TIME (Manth) (Day) (Year) (Haur) 22E.INJURY OCCURRED OF INJURY (APPROX.) WHILE AT NOT	AS PERFORMED 21. AUTOPSY? (Yes or Na) Yes in or obaut 22C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
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회에 관련하면 다시 때문에 다니는 나는 사는 지역에 속은 환경 내가 되는데 되는 나는 난 학생인

	BALTIMORE CITY	HEALTH DEPARTMENT		00 000
68- 8	3791 CERTIFICA	TE OF DEATH	REG. NO.	68-8791
KIN NO.	OF CERTIFICA			
NAME OF DECEASED ype or Print)			HOUR OF DEATH	B . 20
Boone, Robert	Lee		3-23-68	7:20 a.
PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE - B. COUNTY	leceased lived. If insti	utian: residence befare admissi
WE NOT IN HERE OF	METITINIAN CIVIE STREET	Maryland	2 6	event ()
ULL NAME OF (IF NOT IN HOSPITAL OR II	NSITIUTION, GIVE STREET	C. CITY OR TOWN	In INSIDE	CITY LIMITS?
Provident Hospit	al			ES NO
1514 Division St	reet	Baltimore E. STREET AND NUMBER	·	E3 🕅 140 🗆
Baltimore, Maryl			7 (4	
<u> </u>		16 West Hil		
SEX 6. RACE 7. MAR	RIED NEVER MARRIED		AGE (In years t birthday)	If Under 1 Yr. If Under 24 1 Nonths: Doys Haurs Min
Male Negro WIDO	WED DIVORCED	5/12/15/1931	37	
A. USUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE State ar foreign	cauntry)	12. CITIZEN OF WHAT COUN
ne during mast of warking life, even if retired)		Manufland		TT C A
* CATUSE ALAMS		Maryland		U. S. A.
FATHER'S NAME	18 JERRY	14. MOTHER'S MAIDEN NAME	D	
DAMUEL 7	119001	DESSIE	Boom	
Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es,na arunknawn) (If yes, give war ar dates of sen	vice)	P-2	MITCHEL	1 216/41
	\$ 9225-16-9799	NEBECCH	MICHEL	- 01-1116
18.43617	CAUSE OF DEAT	H CEREBROVASCUL	AR ACCIDE	BETWEEN ONSET AND DE
DISEASE OR CONDITION DIRECTLY	0 \	Colored		
LEADING TO DEATH		n. +' (1 4 1 4	7 - 0
/	(A) IMMERIATE CAL	ISE TO THE TOTAL OF THE PARTY O	TOTAL OF STATE OF STA	500
(This daes not mean the mode of dying,	e.g. co : DUESTO OR AS	A CONSEQUENCE OF:	7	
heart failure, asthenia, etc. II means the dis	eds F.			02/18
/		1. D 1°		1
ANTECEDENT CAUSES	THE WAR	To de la constitución	1111	7:30/
DISEASES OR CONDITIONS, if any, g	iving (B) DUE IC, OR AS	A CONSEQUENCE OF A	7.00	TOTAL (
rise to the obave cause (A) stoling	thereal	15 7 - 0	in i	(
UNDERLYING CONDITION last.	(c) 50 mms	to Vasinia	Onterne	
	13 1			
331X II	ING 2			
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).	rine Por Pro			
: TO THE DEATH BUT NOT RELATED TO THE TERMI : DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL			
19A-DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes at Na)	OB. IF YES, WERE FIN	IDINGS CONSIDERED
19A-DATE OF OPERATION 198. CONDITION WAS PERFORMED		Ma	N CERTIFYING CAUS	ES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., i	a or about 21C WHERE DID	III in Paltimora (City, give exact location)
OR CONTRIBUTING TO CAUSE OF	hame, farm, factory, street, of	ffice bldg., INJURY OCCUR?	(if in boilimore (Lity, give exact location;
DEATH (natify medical examiner)	etc.)			
21D-TIME (Manth) (Day) (Year) (Haur)	21E. INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
OT MISSIE	While At Not While			
(APPROX.)	Work At Wark			
22. I certify that (I) (this hospital) attend	ded the deceased from	3-23-68	8-2	23-68
	8-23-68		to	19
that (1) (we) lost saw the deceased olive	on	19and that	in (my) (our) opinio	an death occurred an the
and hour and from the causes stated abo	ve. (1) (We) (did) (did not)	riew the body ofter death		
23A, SIGNATURE	(-) () () () (The body offer death.	12	3B, DATE SIGNED
(D)	ĀM	anding Mad C C.		
-02: //1	/ 4 / 1 1 1 1 1 1 1 1 1 1	ending Med. St	ys. 🖸	8-24-68
X Cloren	m . DEGREE Phy	s. Director L Ph		
23C. PHYSICIAN'S	DEGREE			
23C. PHYSICIAN'S NAME (Type)	J DEGREE	23D. ADDRESS Providen	t Hospital	timore **arvla
23C. PHYSICIAN'S NAME (Type) Raymundo R.	Corpuz, M.D. DEGREE	²³ D. Address Providen 1514 Division St	t Hospital	timore, aryla
RAYMUNDO R. C. IA. BURIAL CREMATION, 1248, DATE	J DEGREE	²³ D. Address Providen 1514 Division St	t Hospital reet - Bal	
Raymundo R.	CONPUZ, M.D. DEGREE	23D. ADDRESS Providen 1514 Division St EMATORY 24D. LOC	t Hospital reet - Bal	
NAME (Type) Raymundo R. C. A. BURIAL CREMATION, 248, DATE 2	Corpuz, M.D. DEGREE	23D. ADDRESS Providen 1514 Division St EMATORY PROPRET	t Hospital reet - Bal	
A. BURIAL CREMATION, 248. DATE REMOVAL (Specify) A. DATE REC'D BY HEALTH DEPT. 258. NA	CONPUZ, M.D. DEGREE	23D. ADDRESS Providen 1514 Division St EMATORY 24D. LOC	t Hospital reet - Bal	
A. BURIAL CREMANON, 24B, DATE REMOVAL (Specify) 8-29-68	COMPUZ, M.D. DEGREE 4C. NAME OF CEMETERY OF CRI	23D. ADDRESS Providen 1514 Division St EMATORY PROPRET	t Hospital reet - Bal	
A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) A. DATE REC'D BY HEALTH DEPT. 25B. NA	COMPUZ, M.D. DEGREE 4C. NAME OF CEMETERY OF CRI	23D. ADDRESS Providen 1514 Division St EMATORY PROPRET	t Hospital reet - Bal	

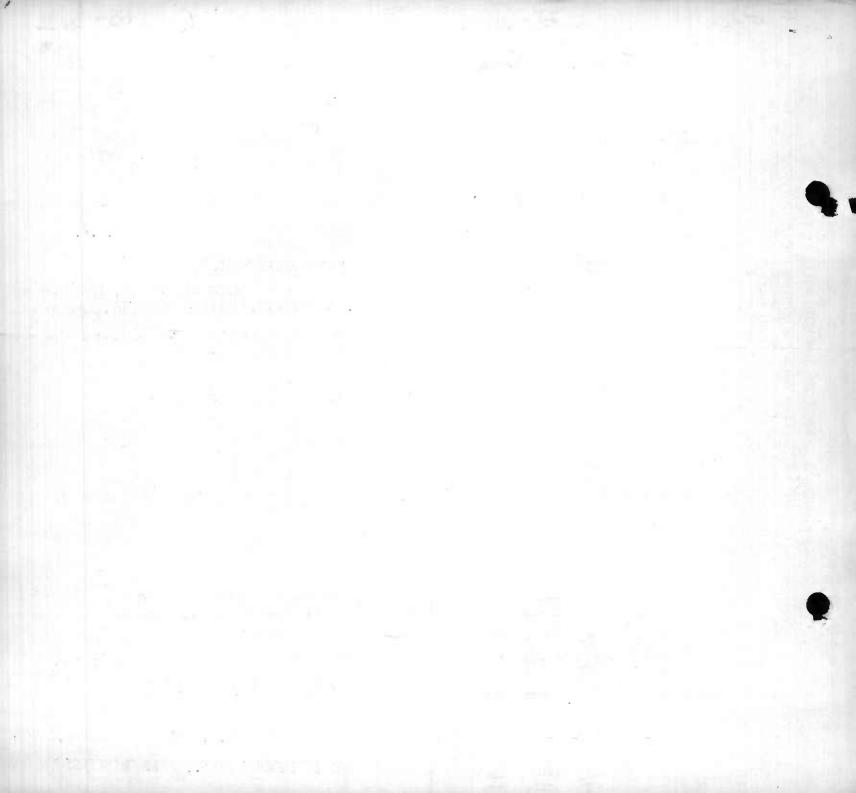


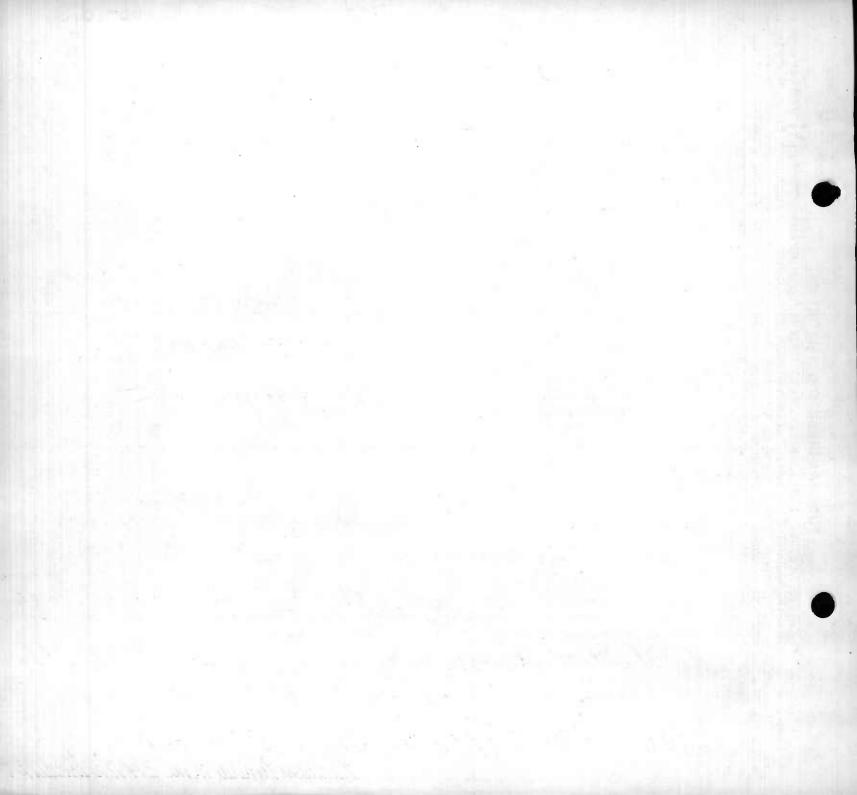
BALTIMORE CITY HEALTH DEPARTMENT

IMPORTAN DIRECTOR: FUNERAL

VS 150-REV. 1/1/68

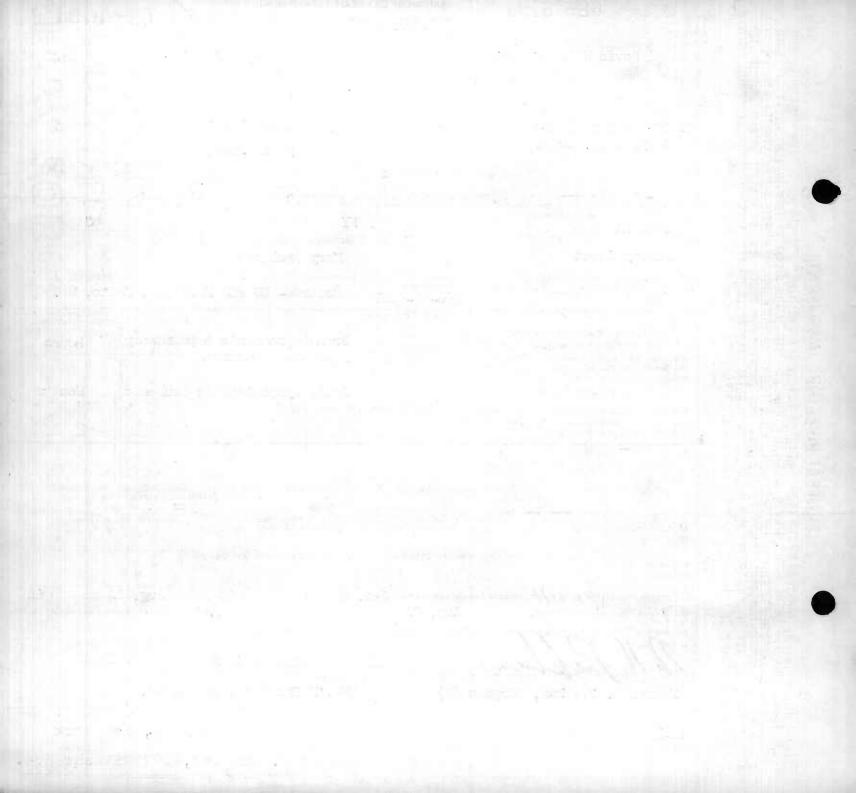
D. INSIDE CITY LIMITS? NO #21209 If Under 1 Yr. Months: Days If Under 24 Hrs. Hours i Min. Hours 12, CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS 6050 OAK STREET. VANCOVER BRITISH COLUMBIA APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ond that in (my) (our) apinian deoth occurred on the date 23 B. DATE SIGNED (City, fown, or county) VANCOVER, BRITISH COLUMBIA, CANADA LEVINSON) & BROS., 6010 REISTERSTOWN ROAD





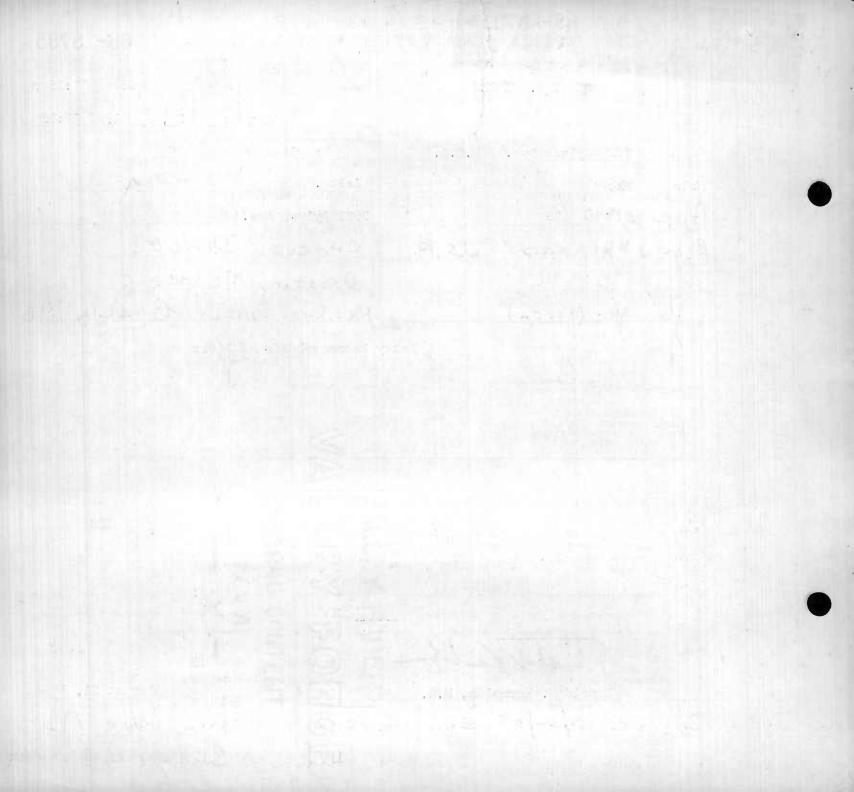
5	-30h	
•	f death occurred in a hospital and ct or contributing cause of death Undetermined cause; (5) Deceased was in regular attendance on the he deceased prior to death. Such osition is made.	BIR 1. N (Ty) 3. FU HC: 10A don 13. (Ye
RTANT	the dire the dire kind; (4 death nace on t	1S. (Ye
IMPO	Also, if ree of any anounced attendational	
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	MEDICAL CERTIFICATION
	This certificate must the body was release shows: (1) An accidenwas D.O.A. at a hospideceased prior to decwritten approval mus	25/

	68- 8	794	BALTIMORE CITY	HEALTH DEPARTMENT	M	00 0004
	00 0	101	CERTIFICA	TE OF DEATH	REG. NO.	68- 8794
BIRTH NO.	EASED			2. DATE A	ND HOUR OF DEATH	H
Type or Print)	David William	n Scott		Au	g. 24, 1968	1:45 A _M
3. PLACE IN BAI	TIMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (Whe	ere deceased lived. If	institution: residence before admission)
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	TION, GIVE STREET	Florida C. CITY OR TOWN	V-	ISIDE CITY LIMITS?
NSTITUTION TIS Pub.	ic Health Ser	ari de Ho	enital	Clear Water		YES NO
63 3.F	man Pk. Drive		Spr var	E. STREET AND NUMBER 689 Bay Esp		its its
• SEX	6. RACE	7. MARRIED	NEVER MARRIED X	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
M	W	WIDOWED	DIVORCED	10/10/47	last birthdoy 20	Months Days Hours Min.
	UPATION (Give kind of work working life, even if retired) lent	KIND OF	BUSINESS OR INDUSTRY	NY	eign country)	12. CITIZEN OF WHAT COUNTRYS
3. FATHER'S NA				14. MOTHER'S MAIDEN NA	ME	
	ey Scott			Mary Smeltz	er	
S. Wos Deceose Yes, no or unknown NO	d Ever in U. S. Armed For (If yes, give war or dote	es of service)	16. SOCIAL SECURITY NO. 066-38-6087	Records- US	PHS Hospit	tal, Balto, Md.
1B. 2	0		CAUSE OF DEATI	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DI LEADING TO DEATH	RECTLY	(A) IMMEDIATE CAU	Bronchopneum	onia & puln	
	not meen the mode of osthenio, etc. It meens		DUE TO, OR AS	A CONSEQUENCE OF:	dema	
	mplication which coused					
	ANTECEDENT CAUSES		(B)	Acute lympho	blastic lev	ikemia Months
	OR CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF:		
	G CONDITION lost.	stoting the	(c)			
204.			(~/			
OTHER SIGNI	FICANT CONDITIONS CO TH BUT NOT RELATED TO T	HE TERMINAL				
	F OPERATION GIVEN IN PAR F OPERATION 198. CON WAS PER	DITION FOR W	VHICH OPERATION	20 A. AUTOPSY? (Yes or N	20B, IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING DATE OF wedical examiner	21 B, home etc.)	e, farm, factory, street, of	n or about 21 C. WHERE DID INJURY OCCUR?		nore City, give exoct location)
O 21D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
21D. TIME OF INJURY (APPROX.)			te At Not Whil	е		
22. 1 certify	that (1) (this/blockith	nottended th	ne deceased from Ja	n 9	19 68 to	Aug. 24 19.68
that (IX (we) lost sow the decease	ed alive on	Ang 21	19 68 and th		pinion deoth occurred on the dot
						pillon acom occorred on the act
23A. SIGNAT		red above. y	(we) (ala) (aya/nyor) v	iew the body ofter deoth.		23B, DATE SIGNED
237.31911	11 11/	l	Atte	nding Med.	Stoff [7]	8/27/68
1/12/	11/1/2000	MUND	DEGREE Phy	s. Director	Staff Phys.	0/21/00
NOTIN	an's H. Peckham	, Surgeo	n (R)	US PHS Hospit	al, Balto,	Md.
			OEGREE	MATORY 24D. I	LOCATION	(City, town, or county) (State)
Buria:				emorial Park		
25A. DATE RECT	UG 29 1958 (25B, NAME O	E REGISTRAN	Howard H. H		ADDRESS 107 Wilkens Aye.
/S 150-REV. 1/1/	/6B					21229



68- 8795 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	68- 8795
BIRTH NO.	10.110.	
(Type or Print)	2. DATE Known & Month Doy	Yeor Hour
ROBERT H. DINGES	DEATH Estimoted 20	68 11:15 pm.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD August 20,	1968 11:15рм.
OK INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If institution: r A. STATE B. COUNTY	esidence before odmission)
2922 Sylvan Ave. D.O.A.	Maryland	and the second
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE OT	rtimits?
Male White WIDOWED DIVORCED	Balto.	NO D
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER	, ,
AUG. 10.1942 28 Months, Doys, Hours, Min.	2922 Sylvan Ave.	*
11. BIRTHPLACE (Stote or, foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
BITELLY NALDWAND WHAT COUNTRY?	CHARLES DINGE.	S
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR		
done during most of working life, even if retired)	DOROTHY MC CABE	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (Yes, no or drynown) (If yes, give wor or doles of service) SECURITY NO.		DRESS
(Yes, no or gnknown) (If yes, give was op dotes of service) SECURITY NO.	Was CHAS DINGES PO	- Colin MIn
19. CAUSE OF DEA	ITH .	APPROXIMATE INTERVAL
J9 // 6	Motomorphogia of Times	BETWEEN ONSET AND DEATH
LEADING TO DEATH	y Metamorphosis of Liver	
(This does not mean the mode of dying, e.g., DUETO, OR	AS A CONSEQUENCE OF:	******
heort foilure, osthenio, etc. It meons the disease, injury or complication which coused death.)		
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NAME (Type) Ronald N. Kornblum, M.D.		gust 21, 1968
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23C. PHYSICIAN'S BRIAN BLOCK MD. 23D. ADDRESS THE UNION MEMORIAL HOSPITAL 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY Burial 8-31-68 Parkwood 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR LOONARD J. Ruck, Inc., 5305 Harford Rd.		23A. SIGNATURE	Aug. diese	M.J. —	23 B. DAT	ESIGNED
23C. PAYSICIAN'S BRIAN BLOCK MD. 23D. ADDRESS THE UNION MEMORIAL HOSPITAL 24A. BURIAL CREMATION, 24B. DATE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City. town, of county) (Stote 24D. Balto., Md. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR AUG 29 1968 25C. FUNERAL DIRECTOR LEONARD J. Ruck, Inc., 5305 Harford Rd.		Dera Dlock - sah nece	Dhim	Director Phys.	8/2	28/18
BRIAN BLOCK WD DEGREE Uncon Manager (City, town, or county) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote Burial] 8-31-68 Parkwood Balto., Md. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck, Inc., 5305 Harford Rd.		23C. PHYSICIAN'S DD LAM BY OCK MD	22		MORALA L	CPITAL
Burial 8-31-68 Parkwood Balto., Md. 25A. DATE REC'D BY HEALTH DEPT. AUG 29 1968 Parkwood Leonard J. Ruck, Inc., 5305 Harford Rd.		BRIDAL BLOCK	1) 10		LIOTOTAL TI	DOFTIAL
Buriall 8-31-68 Parkwood Balto., Md. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR AUG 29 1968 Recit & Salkana Leonard J. Ruck, Inc., 5305 Harford Rd.	244		DEGREE		(City town a	(State)
AUG 29 1968 (Report & Statemen 258. Name of Registrar 258. Name of Registrar 258. Funeral Director Leonard J. Ruck, Inc., 5305 Harford Rd.		REMOVAL (Specify)	OI CREWATORT			(310te)
AUG 29 1968 (Republic Registran Leonard J. Ruck, Inc., 5305 Harford Rd.		Buriall 8-31-68 Parkwood		Balto., M	d.	
	25A	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	2SC. FUNE	FRAI DIRECTOR		ADDRESS
		AUG 29 1968 12 Don 1 2 Sale	Ma Leon	ard J. Ruck, Inc	•, 5305 Ha	riord nd.
	=		1087	7 9 6		

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R-240

68- 8797 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 68-8797
BIRTH NO.	
INAME OF DECEASED (Type of Print) RONNIE HAROLD RESELT RUSSEL	2. DATE Known Manth Day Yeor Hour OF DEATH Estimoted & Award 27 1968 Award.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD August 27, 1968 4:00 A.
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
	II A STATE B COUNTY
4810 Belair Road	Maryland
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	Dollainano V
male white WIDOWED DIVORCED 9. DATE OF BIRTH 10.AGE (In years Under 1 Yr. f Under 24 Hrs.	Baltimore YES X NO
12 31/19/1 So Manths Days Haurs Min.	7602 Labyrinth Road
11. BIRTHPLACE(State ar fareign country) 12. CITIZEN OF	13. FATHER'S NAME
WHAT COUNTRY?	(1, coco
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR'	(ALFRED
dane during mast of working life, even if retired)	
CAR DEALER	RICKA
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknawn) (If yes, give war ar dates af service) SECURITY NO.	Mas anna D. 1001 7/22 / 100401-718
CAUSE OF DEA	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Hangin	Q .
LEADING TO DEATH (A)IMMEDIATE (
(This daes not mean the made of dying, e.g., DUETO OR.	AS A CONSEQUENCE OF:
heart lailure, asthenio, etc. It means the disease, injury ar complication which coused deoth.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
Z (C)	**************************************
E = 974 X "	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	***************************************
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21. AUTOPSY? (Yes or No)
	No
Z2A. EXTERNAL CAUSE WAS 22B.PLACE OF INJURY(e.g.,	in ar about 22C. WHERE DID (If in Baltimore City, give exact lacotion)
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (2004) (Year) (Hour) 22E.INJURY OCCURRED	hido atc VINIIRY OCCIP?
© UTING □ CAUSE OF DEATH. Office building	
OF INJURY BET 8/26/68 & (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURYBE 1 8/26/68 or UNK WORK NOT	while xx subj. hung himself with a chain
23.	YORK MA SUBJ. MANS MAN AND MAN
I certify that I held an Inquiry Inspection X Au	ond that on this basis, death in my opinion
resulted from: Notural couses Accident Sulcia	de 🕅 Homicide 🗌 Undetermined manner 🗌
1110	CHIEF MEDICAL EXAMINER
ACTUAL JULY CAN TO THE STATE OF	ASSISTANT MEDICAL EXAMINER X
SIGNATURE	0.
EXAMINER'S Werner U. Spit M.D.	ASSOCIATE MEDICAL EXAMINER
NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, tawn, ar county) (State)
REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, tawn, ar county) (State)
BURIAL 8/28/68 CHEVRA AH	AVAS CHESED RANDALLSTOWN MD
25A. DATE REC'D AY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
25A. DATE REC'DAN HEALTH DERTIES 25B. NAME OF REGISTRAR	- 10 D. Market
history or anney m	Sitaran String -

- 10 21 4 3 5 White The Manual Area Manual Comment They conduct y Rost STATES TO 11-27-49 63 worter clother Single Land granter margaret babel edynal antimus sires more ducker 642 34144 3406 the year in N 4-12-15 CHERT MENGERN HEND FOLL BEIRN BLOCK 514

Market and Transport and TWO Service Charles College College GERGE WITHFREAD IN THE THE WITHFILL the The It tripled how as were a fire Lange of the same of the difference of the section

P-550

68-8300 BALTIMORE CITY HEALTH DEPARTMENT

68-	8800
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BIR	TH NO.										KEO. 110.			
1. NAME OF DECEASED (Type or Print) GEORGE PANIAN, JR.				2. DATE OF DEATH	Known Estimated	_	Aonth	Doy	Yeor	Hour	М.			
4.	PLACE IN BALT						3. DATE		٨	Aonth	Doy	Yeor	Hour	741.
FUI	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) RINSTITUTION					UNCED DEAD		August			1:35	P . M.		
1	17)						A. STATE				COUNTY	i. I esidence	Delote Gami	isionj
_	1400	block	of Ea			Street		Marylan	ıd			1	- June 1	A COMPANY
6.	SEX	7. RACE		B. MARR	RIED 🗌	NEVER MARRIED	C. CITY OR	TOWN		D	. INSIDE O	TYLIMITS?	and I	
_	Male	Whit	e 10.AGE (I	WIDOV		DIVORCED O	C STREET	Baltimo			YI	ES X	NO 🗆	
	DEC. Z.		lost birthdo	y)		s Doys Hours Min.	L. SIREEI	3602 Ea		Lombar	d Stre	et		
	BIRTHPLACE (SI		n country)		W	TIZEN OF HAT COUNTRY?	13. FATHER	S NAME FOR GE		PAN	AV	5	R	
	e during most of w	orking life, ev		148. KINE	OF BI	USINESS OR INDUSTRY			NAME			,		
16	WAS DECEASE		U.S. ARMEI	PORCE	5?	7. SOCIAL	18. INFOR		1) [FOU	A	DDRESS		
	s, no or unknown))	SECURITY NO.		911 PA	NI	N		BOVE	5	
	19.	24				CAUSE OF DEA	TH		.,				PPROXIMATE IN	
	7/2					Arterioso	leroti	cardio	1720	ar lun	dicon		AEEU OUSEL V	NU DEATH
		OR COND		CTLY				cararo	vasi	culai	uiseas	se		
	(This does no			/Ina. e.a		(A) IMMEDIATE (AS A CONSEC	HENCE OF						
	heort foilure, injury or com	osthenio, etc.	. It meons the	e diseose,		DUE TO, OK	AS A CONSEG	DENCE OF:						
	infory or com	piicolion whic	in coosed de	om.)										
	AN	ITECEDENT	CAUSES			(8)								
	DISEASES C	RCONDITIO	ONS, IF AN	Y, GIVING		DUE TO, OR	AS A CONSE	QUENCE OF:		**********				
	RISE TO THE			TING THE										
Z	ONDEREIN	o condiii	OIT LASI.			(C)								
CERTIFICATION	OTHER SIGNI TO THE DEA DISEASE OR	TH BUT NOT	RELATED TO	THE TERM	INAL	18 444 8 8 4 8 4 4 4 4 4 4 4 4 4 4 4 4 4	1 i. S = i i i = i = i = i = i = i = i				· · · · · · · · · · · · · · · · · · ·			
3TI				1 1		HICH OPERATION W	AS PERFORA	AFD				21 AUTC	PSY? (Yes	or No)
S	2	0, 2,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1			THE CHEKANOTT TH	NO TENTON							,
	1												les	
MEDICAL	UNDERLYING UTING ☐ CAL		TRIB-			ACE OF INJURY(e.g., form, foctory, street, office				n Boltimore (City, give exc	oct locotion)		
Σ		Month) (D	oy) (Yeo	r) (Hou	r) 22E	INJURY OCCURRED		2F. HOW DID	INJUI	RY OCCUR?				
	(APPROX.)				m. WH		WHILE ORK							
	23.	fy that I h	eld on	Inquiry [topsy X	and that a	n this	basis de	oth In my	opinlon		
								omicide 🗌		determine				
resulted from: Notural couses X Accident Suicide											a monner (7			
	ACTUAL	186	7 }	1	1	1)		CHIEF MEDICA		-	7		DATE SIG	NED
	SIGNATU	IRE C	ans	JU.		M.C.	ASS	STANT MEDIC	AL EXA	MINER X				
	EXAMINE NAME (T	R'S Ch	arles	S. Sp	orin	gate, M.D.	ASS	OCIATE MEDIC	AL EXA	MINER _] A	ugust	24, 19	968
24	A. BURIAL CREM	ATION, 2	4B. DATE	/	24C	NAME of CEMETERY	or CREMATO	DRY 2	4D. LO	CATION	(City, tow	n, or county) (Sto	ite)
RE	MOVAL (Specif	y)	8/27	1/68		SACRED ,	4500	7	B	ALTO		4		
	DURIA	LL	, ,	1000			HEAR'			1765		MD.		
25	A. DATE REČ'D I					OF REGISTRAR		FUNERAL DIRI				ADDRESS		
		AUG 2	9 1968	S OC	Quit	JE, Jankey M	3 5.	G. GO N	IN.	ELLY	- Son	23	300	MACO

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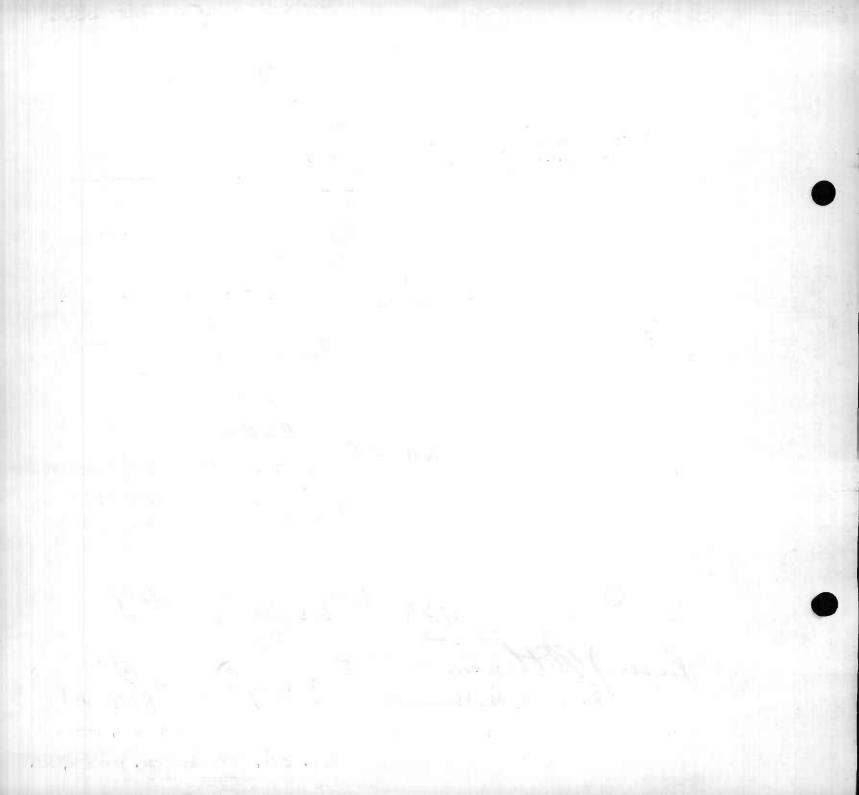
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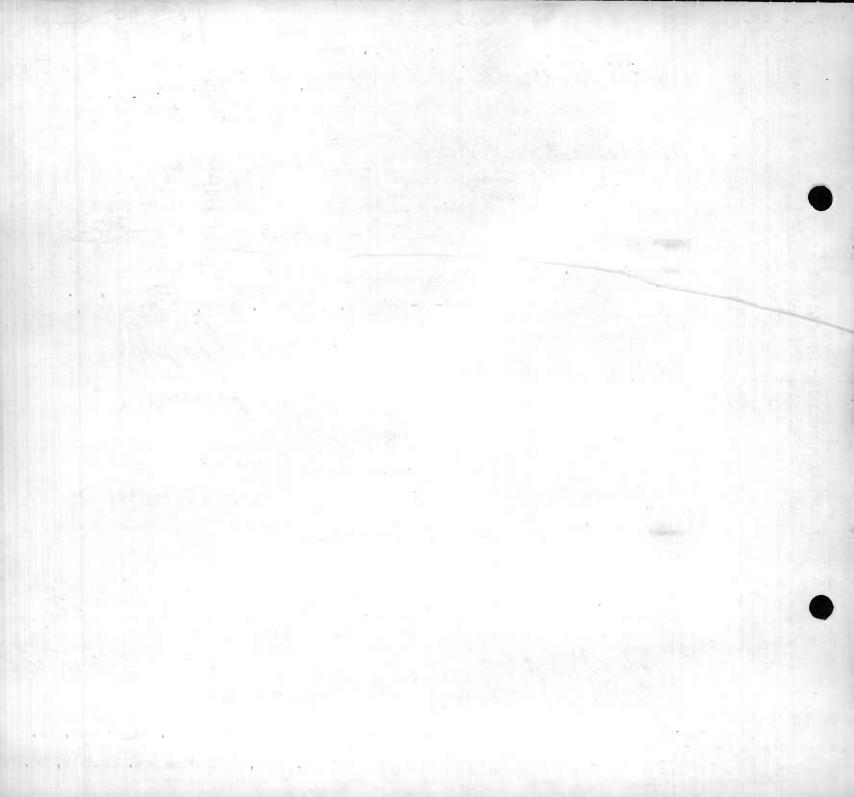
CONTRACTOR STATE

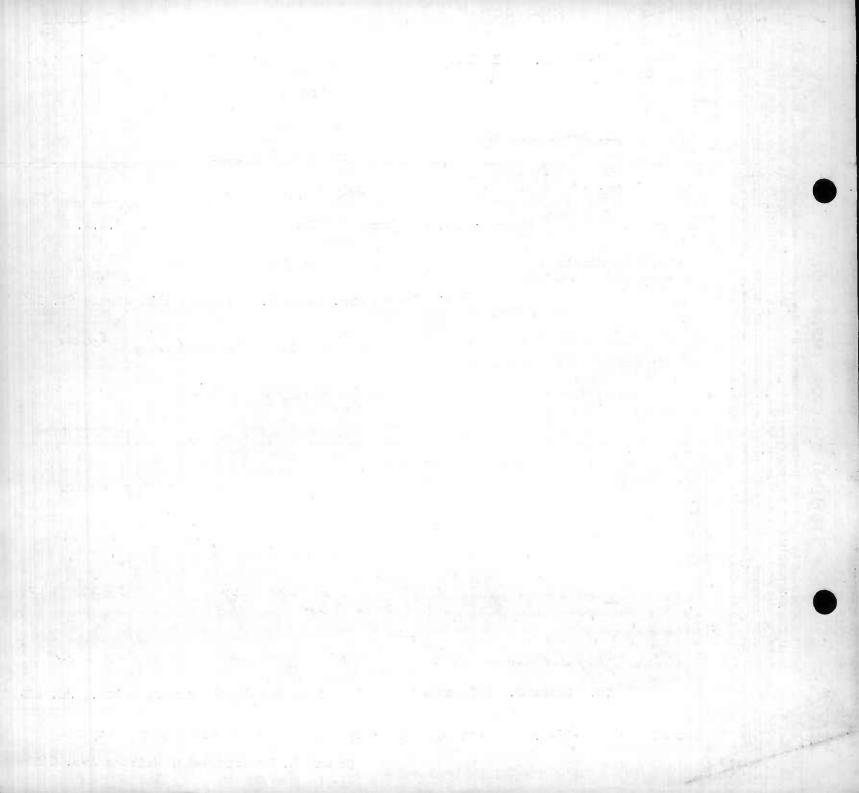
	BALTIMORE CITY	HEALTH DEPARTMENT	1000	00 000
68- 88	01 CERTIFICA	TE OF DEATH	REG. NO	68-8801
INAME OF DECEASED , (Type or Print)	Eric W. Rat		D HOUR OF DEATH	0:18
3. PLACE IN BALTIMORE, MARYLAND, WHERE PROP	OUNCED DEAD	4. USUAL RESIDENCE (When	e deceosed lived. If inst	itution: residence before odm(sion)
FULL NAME OF (IF NOT IN HOSPITAL OR INS HOSPITAL OR ADDRESS OR LOCATION)		A. STATE & B. COUN	Baltimore	E CITY LIMITS
Church Home & Hospi	talifica	BALTO		YES NO X
35 courch Home	Closh	3019 UTC	hie AUE	
t a - L. bita	D NEVER MARRIED	B. DATE OF BIRTH	9, AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work) 108, KIND		11. BIRTHPLA CE (Stote or lorei	an country)	12, CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) BUCK SUIP		BEVHAN	<	U-S-A:
HENRY PATSCH	-	14. MOTHER'S MAIDEN NAM	BUZKE	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or universyn) (III yes, give wor or dates of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT (Wife)		dgemere Md.
40(-)	213-07-3372	Mrs. Frances R	latsch, 3019.	Ritchie Ave.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATH	o cardin :	THAMOTE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(This does not meon the mode of dying, e heart foilure, asthenia, etc. It means the disea		A CONSEQUENCE OF:	F 45	
injuty at camplication which caused death.)	Ker	conscience	ric Hom	1 3
DISEASES OR CONDITIONS, if ony, giving	(B)	A CONSEQUENCE OF:	75	### · · · · · · · · · · · · · · · · · ·
rise to the above cause (A) stating to UNDERLYING CONDITION last.			丰	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN, DISEASE OR CONDITION GIVEN IN PART 1 (A).	G MESER	sterie In	affierce	2 Dry 5
	R WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FILL IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF	218. PLACE OF tNJURY (e.g., i home, form, foctory, street, ol etc.)	n or obout 21 C. WHERE DID	(If In Boltimore	City, give exact location)
21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
	While At Not While Work At Work		0-	
22. I certify that (I) (this hospital) attende	0-22	0	19 ta &	773 19 6
that (I) (we) last saw the deceased alive o			at in(my) (our) oplni	ian deoth accurred an the date
and haur and fram the causes stated abave	(I) (We) (did) did nat) v	lew the bady after death.		238. DATE SIGNED
Vacado Mil Nos	DEGREE Phy:	nding Med. Director	Staff Phys.	8-23-68
23 C. PHYSICIAMS NAME (Typ) CONLOO M. (DEGREE	Cofunch	Chone	F ffos plus
REMOVAL (Specify)	NAME of CEMETERY of CRI ardens of Faith			town, or county (Stote)
202	E OF REGISTRAR	2SC. FUNERAL DIRECTOR		ADDRESS
AUG 29 1968: 17.0.	3 2 Fabrusia			Ave. Dundalk, Md.
VS 150-REV. 1/1/68				

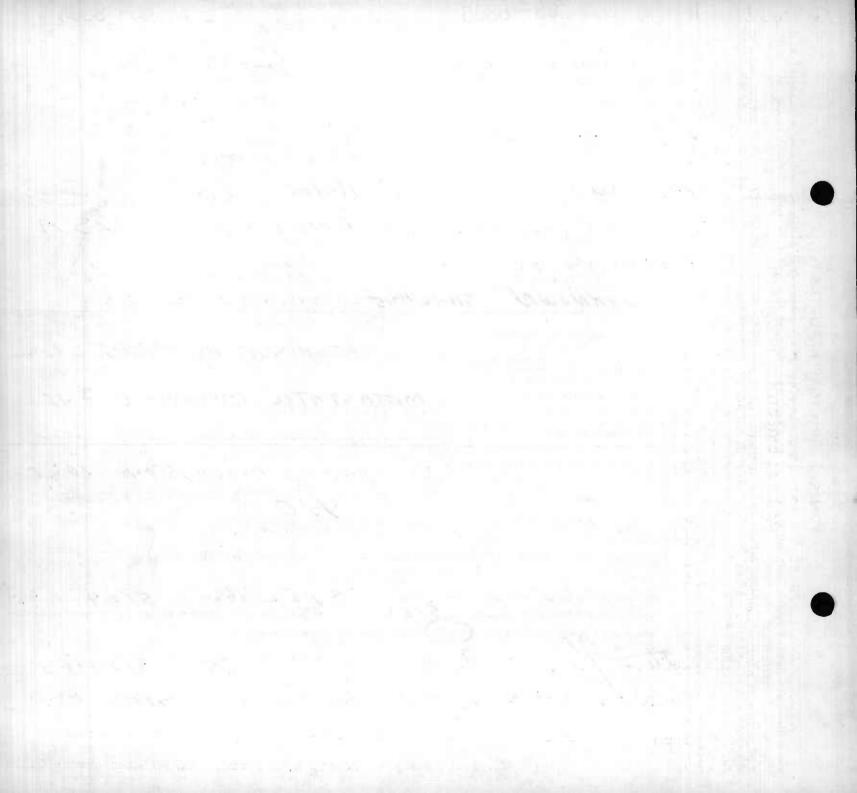
CONTROL HOME + HOSED 3019 LITCHER PUE 55 60.54.5 W-M y GAAVES WARE PARTS ALWA BUTZKE HENDLY PACESH Albania - Land Dec 1922 MYO CONGLOS TEPRACTON 15 140 Lund Thempson Ly HERBERG TO ENTHRONG SOL I's Course of Trush to 118 RIGHLOO A (UMSOF) HAD CHURCH HOME FHIS IN-

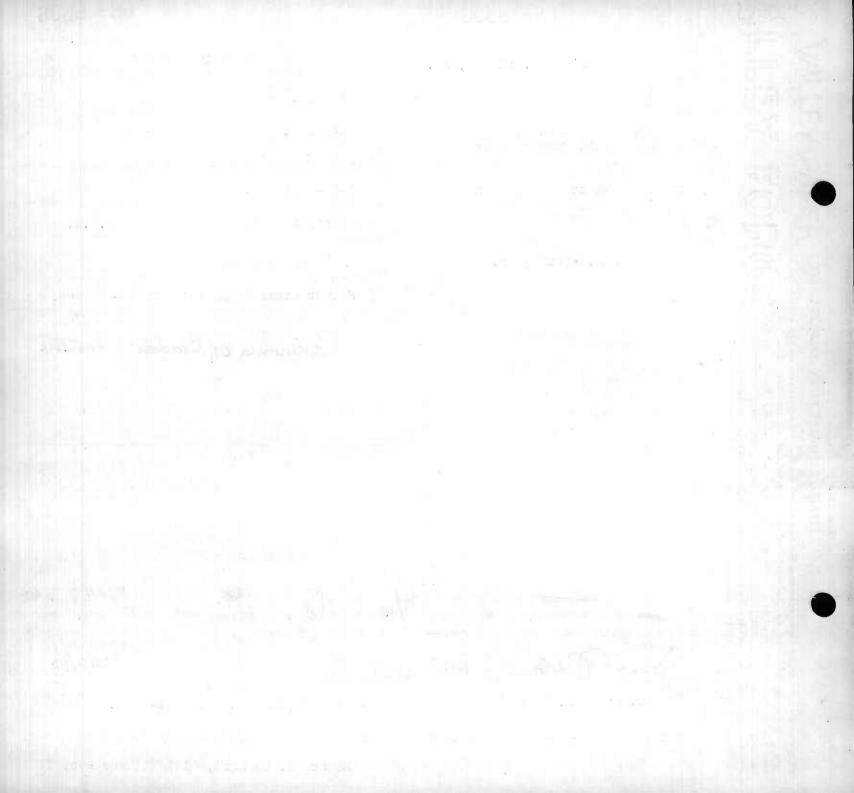
5 -	2	001	BALTIMORE CITY	HEALTH DEPARTMEN		68- 8802
2-72	68	3-881	O2 CERTIFICA	TE OF DEATH	REG. NO.	00 0000
IRTH NO.			Anna Smit		AND HOUR OF DEATH	
Type or Print)	Anna	Simil	The state of the s		8/25/68	110 30 A
. PLACE IN BAL	LTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD		Where deceased lived, It i DUNTY	nstitution: residence before admission
ULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	MARYLAND	BALTIMORI	E 33-00
HOSPITAL OR BALTIMORE CITY HOSPITALS 4940 EASTERN AVENUE BALTIMORE, MARYLAND 21224				C. CITY OR TOWN	D. 1NS	SIDE CITY LIMITS?
				Edgemere		YES NO L
				E. STREET AND NUMBER 2511 S. SNYDER AVENUE 21219		
SEX	6. RACE	7- MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
FEMALE	WHITE	WIDOWED	DIVORCED	8-18-89	tost birthdoy	7.00
OA. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (Stote of	foreign country)	12. CITIZEN OF WHAT COUNT
done during most of working life, even if retired) Housewife				OHIO		U. S. A.
3. FATHER'S NAME				14. MOTHER'S MAIDEN NAME		
JOHN BROWN				AGNES CONOWAY		
S. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL				D'. INFORMANT BCH RECORDS: 4940 EASTERN AVENUE 21224		
(es, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 212-16-0315-						
1B. / / /	2.3		CAUSE OF DEAT	4		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
DISEA	SE OR CONDITION DI	RECTLY				de l'ille l'i
	LEADING TO DEATH		(A)IMMEDIATE CAL	es Production		7 days
	nal mean the made of		DUE TO, OR AS	A CONSEQUENCE OF:		
	, asthenia, etc. II meons mplication which coused					
	ANTECEDENT CAUSES				-117	7
			(B)	A CONSTOLIENCE OF	CHT.	
	OR CONDITIONS, if the above cause (A)		DUE TO, OR AS	A CONSEQUENCE OF:	- 117	
	G CONDITION last.	J	(c)	H.	> # IV	
420.	0 11		CVA. L	MI		
	FICANT CONDITIONS CO		6-11 RI	Jan Din = T	to # 11	B. Ilme Olota Van
TO THE DEA	ATH BUT NOT RELATED TO T	HE TERMINAL	Jan via	Carvils c. 3	no-rmeolant l	16 61 626 4 6 9 9 8 6 6 6 6 6 6
		IDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
U 1				YES	LEO	
OR CONTRIB	ENT WAS UNDERLYING DUTING CAUSE OF medical examined	21B hom etc.	PLACE OF INJURY (e.g., i ne, farm, factory, street, o)	n or obout 21 C. WHERE DI fice bldg., INJURY OCCU	D (If in Soltime	ore City, give exact tocation)
21D. TIME	(Month) (Doy) (Year)	(Hour) 21E	. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
OF INJURY			While At Not White			
		Wo		711	10	2/20/
22. I certify	y that (1)(this haspita	i) ottended t	he deceased from	0/2-/	19 6 8 to S	6/42/ 196 1
that(1) (we) lost sow the decease	ed olive on	8/25	19 6 8 on	d that in (my) (our) of	pinion death occurred on the d
and hour or	nd from the couses sto	ted obove. ((We) (did) (did not)	riew the body after de	oth.	
23A. SIGNAT		7/0				23B, DATE SIGNED
1.0	1///	11		Med.	Staff S	4/20/10
220 500000	cely / wy) Uga	MOUNT DEGREE Phy	23D. ADDRESS D	Phys.	10/000
NAME (Tues	4	41 41	Barto	move Cioy	11056
	BULLE	J. No	3 Churchy My	7740 =	7 F. 4 PL 110 -	Balt. Mol.
	Bruce EMATION, 248. DATE	J. No.	AME of CEMETERY OF CR	EMATORY 24	D. LOCATION	Batt. Mod . City, town, or county) (Stote)
REMOVAL	Bruce EMATION, 24B. DATE					**
Burial	Bruce EMATION, 24B. DATE (Specify) 8/29/6	8 Oa	k Lawn Cemeter	ry	Bal	ltimore, Maryland
Burial	EMATION, 248, DATE (Specify) 8/29/6 D BY HEALTH DEPT.	25B. NAME		25C. FUNERAL DIRE	Bal	Ltimore, Maryland
Burial	Bruce EMATION, 24B. DATE (Specify) 8/29/6 D BY HEALTH DEPT. AUG 29 1968	25B. NAME	k Lawn Cemeter	25C. FUNERAL DIRE	Bal	ltimore, Maryland



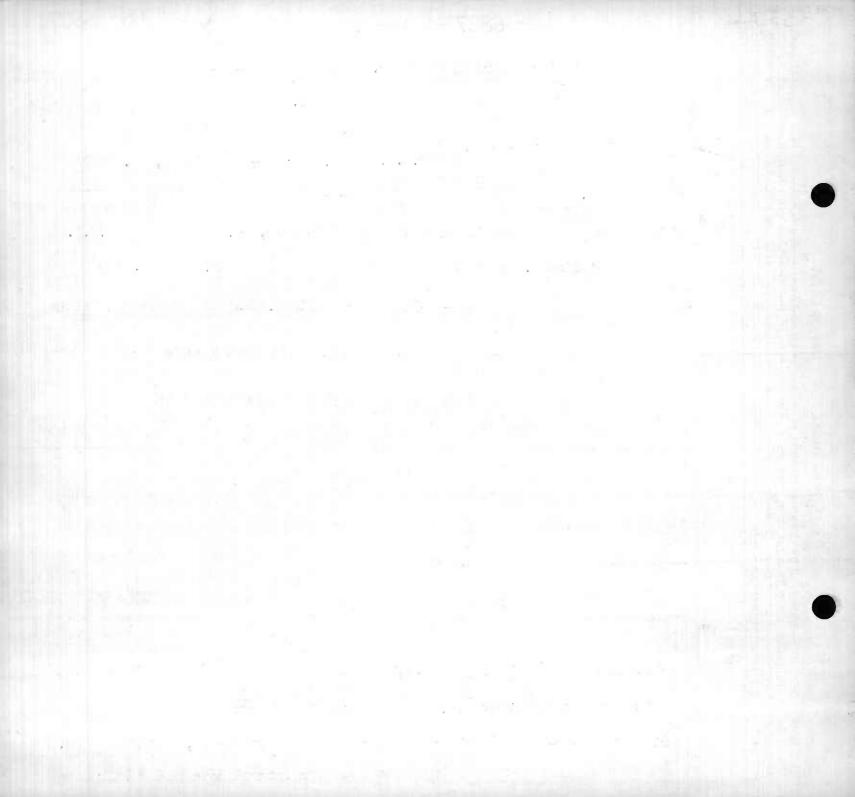








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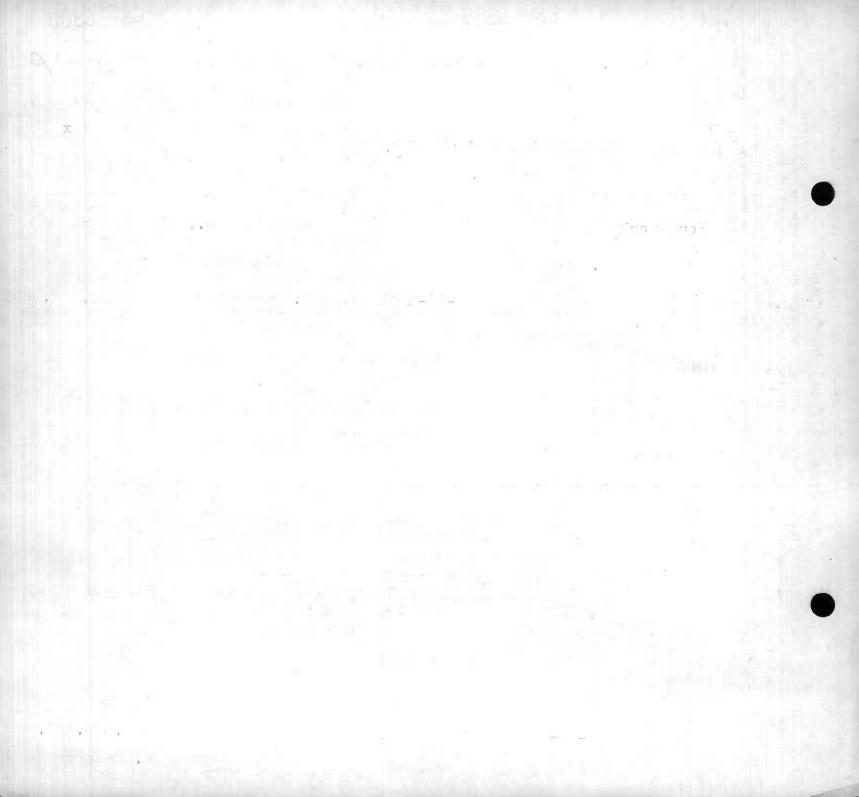


L-366

68- 8808 BALTIMORE CITY HE	ALTH DEPARTMENT CED TIELCA TE OF DEATH 68-8808
MEDICAL EXAMINER'S (CERTIFICATE OF DEATH REG. NO.
BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE Known Month Doy Yeor Hour
ROBERT LOTTERER	DEATH Estimoled 8 25 68 8:30 p.m.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	August 25 1968 8:30 p M.
OK INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY
City Hospital D.O.A.	Maryland Bally Co
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	7-14-
TIGIC WILL SC	Balto. YES AND NUMBER
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys; Hours; Min.	E. STREET AND NUMBER
5-8-1946 22	9619 Harding Ave. 27234
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
WHAT COUNTRY?	(To The Total of
Baltimore Co. Maryland U.S.A. 14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	George W. Lotterer
done during most of working life, even if retired)	113. MOTHER'S MAIDEN NAME
	Caroline A. Kempske
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	In INTERPRETATION
(Tes, no or unknown)](If yes, give wor or dotes of service) SECURITY NO.	INFORMANI 21234
No 218-46-4169	Mr George W. Lotterer 9619 Harding Avenu
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	CAUSE Electrocution
(A)IMMEDIATE C	AS A CONSEQUENCE OF:
heart foilure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE	
Z UNDERLYING CONDITION LAST. (C)	
C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21. AUTOPSY? (Yes or No)
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED
	yes
Z2A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	in or obout 22C. WHERE DID (If in Boltimore City, give exoct location) te bldg., etc.) INJURY OCCUR?
WI UTING CAUSE OF DEATH. 10t ≥ 22D. TIME (Monih) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	Vacant lot S of Shafer Rd. Essex
OF INTHIDY	
(APPROX.) 8 25 68 7:29 MDWORK AT W	work Dlaying with model airplane, struck hig
23	
I certify that I held an Inquiry Inspection Au	tension wire
resulted from Natural causes Accident XX Suicid	
resulted from Ratural couses Academ IAA Suicio	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER XX
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
	August 26 1968
NAME (Type) Edward F. Wilson M. D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)	(Store)
	Baltimore Co. Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	metery Baltimore Co. Md.
AUG 29 1968 R. O. B. 2. Jayley	Hassahri Funeral Home 7401 Belair Road
All	TOTAL HOLD BETAIL ROSO

VS 151-REV. 1/1/68

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VS 150-REV. 1/1/6B

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1 M 246 68- 8811 BALTIMORE CITY HEALTH DEPARTMENT

68- 8811

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG, NO.
BIRTH NO.	REG. NO.
1. NAME OF DECEASED (Type or Print)	2. DATE Known S Manth Day Year Hour
DANIEL McCLARY	DEATH Estimoted B 26 68 11:15a
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD August 26 1968 11:15 a
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
	A. STATE B. COUNTY
1829 N. Charles St. Apt. 32	Maryland C. CITY OR TOWN D. WSIDE BITY HANTS
MAKKIED LINEVER MAKKIED L	
Male White WIDOWED DIVORCED	Darto.
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hr Months; Doys; Hours; Mi	s. E. STREET AND NUMBER
11/21/24 43	1829 N. Charles St. Apt. 32
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Maryland WHAI COUNTRY?	McClary
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUST	
dane during mast of working life, even if retired)	Catherine Kreiner
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	18. INFORMANT ADDRESS
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (II yes, give wor or dates of service) Yes WW 2 17. SOCIAL SECURITY NO. 218-12-741	Mrs. Touris Dorrige 4000 N Chamber Ch
19. CAUSE OF DE	
CAUSE OF DE	BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	CAUSE Cirrhosis of the liver
(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease,	R AS A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, O	R AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
Z (C)	
OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A)	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	WAS PERFORMED 21. AUTOPSY? (Yes or No)
	no
	p., In ar about 22C. WHERE DID (if in Baltimore City, give exact lacation)
UNDERLYING OR CONTRIB- home, farm, factory, street, all UTING CAUSE OF DEATH.	fice bldg., etc.) INJURY OCCUR?
22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRE	22F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) WHILE AT NO	T WHILE
23.	WORK
I certify that I held an Inquiry Inspection A	autapsy and that an this basis, death in my apinian
resulted fram: Natural causes Accident Suid	ide Hamicide Undetermined manner
ACTUAL (1) A AIN A	CHIEF MEDICAL EXAMINER L
SIGNATURE SIGNATURE	.D. ASSISTANT MEDICAL EXAMINER
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Ronald N. Kornblum, M.D.	August 26, 1968
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER	
REMOVAL (Specify) Burial 8/29/68 Baltimore 1	Intional Dalls Ma
	The same of the sa
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
ALLE DE SECU A A & A T. A W	Witzke, 4101 Edmondson Ave 21220

VS 151-REV. 1/1/6B

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IMPORTANT

FUNERAL DIRECTOR:

9/3/68 - Insurancepolicy from Monumental Life Insurance Co. Policy #1361308.

Name of insured: Christina F. Payne. Age next birthday: 42 yrs.

Issued: 1/29/1938.

BALTIMORE CITY HEALTH DEPARTMENT 68-8813 68-8813 REG. NO. CERTIFICATE OF DEATH of death Deceased BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Aug 28, 1968 Geneva G. Seitz hospital 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY death. 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD ance cause; (5) Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY-LIMITS? Baltimore Union Memorial Hospital E. STREET AND NUMBER 4105 Brendan Ave. 9. AGE (In years B. DATE OF BIRTH 5. SEX 6. RACE If Under 1 Yr. Manths: Days If Under 24 Hrs. 7. MARRIED NEVER MARRIED birthday Hours Mar 20.1880 Female White WIDOWED A DIVORCED 10A USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Pennsylvia U.S.A Housewife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Rhul Kendry Morris IS. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Wilbur F. Seitz 4105 Brendan Ave. No N/A APPROXIMATE INTERVAL CAUSE OF DEATH RETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH mos

(This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if ony, giving to the obove couse (A) stoling the UNDERLYING CONDITION lost. 420, 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART + (A) 19 A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20 A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, factory, street, affice bldg., INJURY OCCUR? (If In Boltimore City, give exact location) DEATH (notify medical examined

8-26 1968and that in (my) (our) apinion death occurred an the date that (1) (we) last saw the deceased alive an... and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23 B. DATE SIGNED 23A. SIGNATURE Attending 23 D. ADDRESS 23C, PHYSICIAN'S

Not White

At Work

DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY REMOVAL (Specify)

(Hour)

22. I certify that (1) (this hospital) attended the deceased from

21 E. INJURY OCCURRED

While At

Work

240. LOCATION

Baltimore, Marylnd

19 56 to

(City, town, or county)

Aug31,1968 Druid Ridge Cemetery 25B. NAME OF REGISTRAR 2SA, DATE REC'D BY HEALTH DEPT.

250 FUNERAL DIRECTOR

19 65

VS 150-REV. 1/1/68

MEDIC

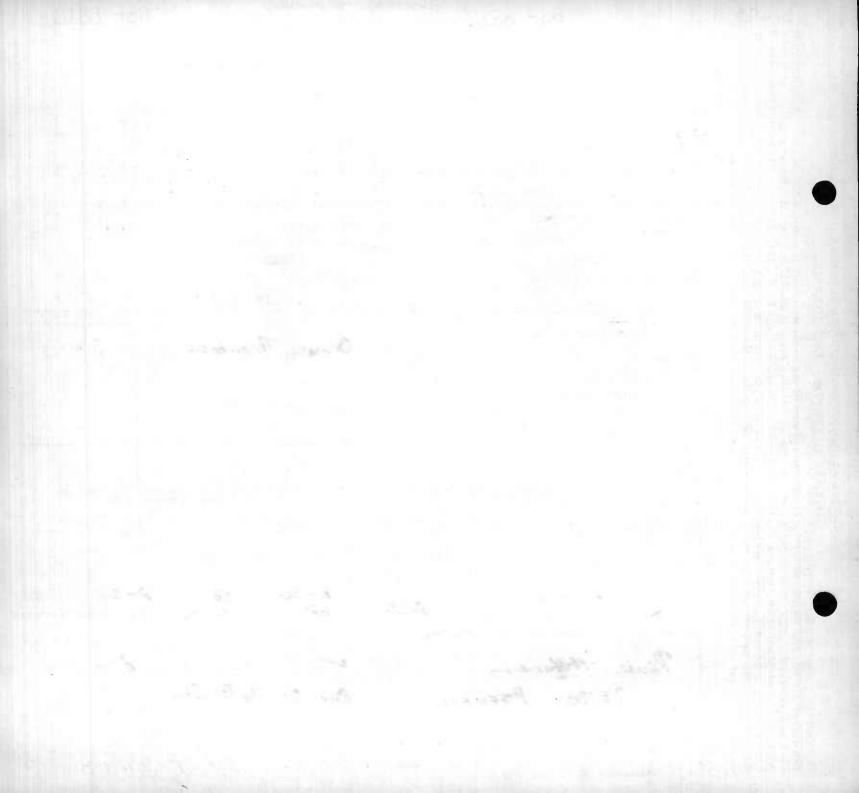
was

21 D. TIME OF INJURY

(APPROX.)

(Month) (Day) (Year)

21F. HOW DID INJURY OCCUR?



6-650

68- 8814 BALTIMORE CITY HEALTH DEPARTMENT

		_			('()
MED	ICAL	EXAMINER'S	CERTIFICATE OF	DEATH .	68

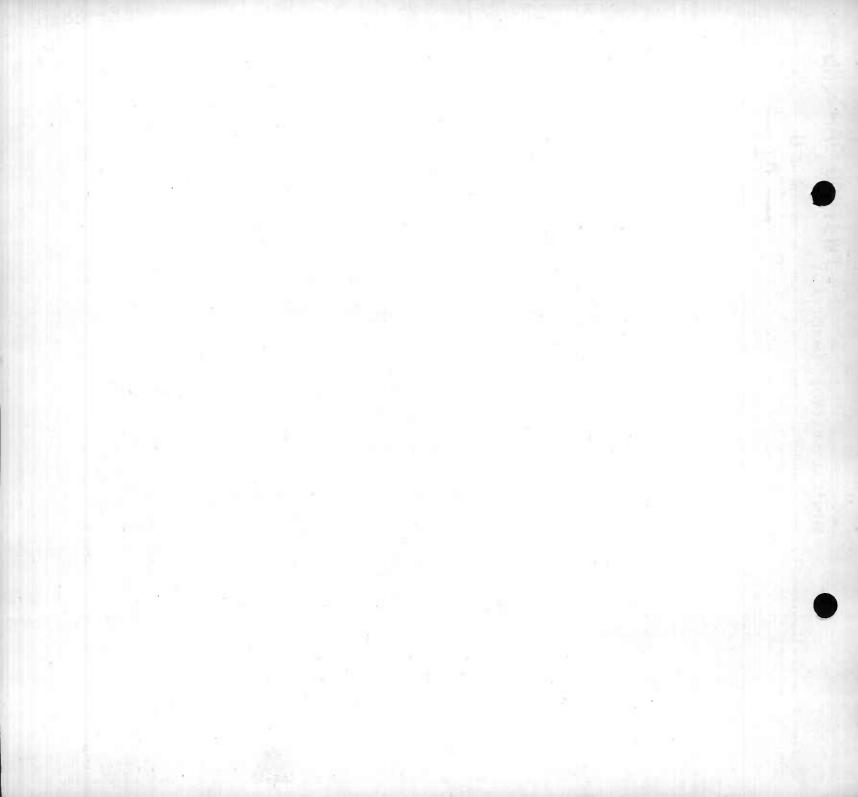
					L EXAMINER'S			DEAT	H REG. NO.	58-	8814
1.	NAME OF DEC			O.D.	EEN	2. DATE OF	Known Estimoted XX	Month	Doy	Year	Hour
-	MARTH		ADM AND M		EEN	DEATH	Estimoted A.A.	T 77 - 1		W	Hour M.
FU	L NAME OF SPITAL INSTITUTION	(IF NO		LORIN	STITUTION, GIVE STREET		UNCED DEAD			1968	2:00 P.M.
7	14	Memor	ial Hos	pita	1	A. STATE Mary			B. COUNTY	- Caldelle	Soldie Communation,
6.	SEX	7. RACE		8. MAR	RIED NEVER MARRIED	C. CITY OR	TOWN		DEINSIDE CIT	Y HMITS?	
	female	neg	ro	WIDO	WED TO DIVORCED	Balt.	imore		YE	s X	NO T
9.	DATE OF BIRT		10. AGE (In lost birthda	years v)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	E. STREET	AND NUMBER				
	ug 2.	1899	69				Robb Str	eet			
	BIRTHPLACE(S		Ign country)	d	12. CITIZEN OF WHAT COUNTRY?	13. FATHER	iel Mose	8			
144	USUAL OCCU	PATION (G		148. KIN	D OF BUSINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN NA	ME			
	e during mast of		even if refired)			Lau	20				
	OMES TI		U.S. ARMED	FORCE	S? 17. SOCIAL	18. INFOR			AD	DRESS	
(Y e	s, no or unknawn	(If yes, give	war or dates	af servic	e) SECURITY NO.	Andre	weave	r 203	7 Robb	Stre	et
-	19.4/	4.			CAUSE OF DEA		y noavo	1 200	1 11000	A	PPROXIMATE INTERVAL
	DISEAS	E OR CON LEADING T	DITION DIRECTO DEATH	CTLY	Arterio	sclerot	ic Cardio	vascula	ar Disea		VEEN CASEL AND DEATH
	heart failure	, asthenia, et	e made of dy tc. It means the nich coused dec	disease,	DUF TO, OR	AS A CONSEC	UENCE OF:	an ear alls ann earrithn dheirbh san-maraith dhirebhritar ann fi			
z	DISEASES RISE TO TH	NTECEDEN' OR CONDIT E ABOVE CANDI NG CONDI	T CAUSES TIONS, IF ANY AUSE (A) STAT TION LAST.	, GIVING TING TH	(B) DUE TO, OR E (C)	AS A CONSE	QUENCE OF:				
CERTIFICATION	TO THE DE	ATH BUT NO	II ONDITIONS CO OT RELATED TO N GIVEN IN PA	THE TER	MINAL			2000 na 0000 00 00 00			
ERT	20A. DATE O	F OPERATIO	N 208. COM	NOITION	FOR WHICH OPERATION W	AS PERFORA	NED			21. AUTO	OPSY? (Yes or No)
0	\circ										No
EDICA	22A. EXTER UNDERLYING UTING □ CA		NTRIB-		22B. PLACE OF INJURY (e.g., home, farm, foctary, street, office	in or obout 2 e bldg., etc.)	22C. WHERE DID NJURY OCCUR?	(If in Boliimor	e City, give exo	ct location)	
Σ	OF INJURY (APPROX.)	(Manth)	(Day) (Year	·) (Ho	WHILE AT NOT	WHILE	22F. HOW DID IN	JURY OCCI	JR?		
	23.			W.			Laboration	Line Lands	l d i		
		ted from:	Naturol cou	nquiry ses XX		de H	ond that on t	· ·	ned monner	opinion	
	ACTUAL	/110	1	1	5		CHIEF MEDICAL	EXAMINER			DATE SIGNED
	SIGNAT EXAMIN NAME (IER'S W	Jerner I	J. Sp	Dicz, M.D.).	STANT MEDICAL				8/27/68
	A. BURIAL CRE MOVAL (Spec	MATION,	248. DATE		24C NAME of CEMETERY	or CREMATO	DRY 24D.	LOCATION	(City, town	, or county	(State)
	Burial	"7]	8/29/	68	Mt Auburn	Cemete	ry I	Balto.	, Md.		
_	A. DATE REC'D	AUG 2			NAME OF REGISTRAR	25C.	FUNERAL DIRECT	OR	Al	DDRESS	A 210
L	161 DEV 1/1/4	0		hre.	Sans C. Activities	WIII	C March	1 928	B E. No	run .	A VO •
A 2	151-REV. 1/1/6	O .		2 4	3 23 13 1	1 1 9 3	2 2 2	4			1/

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VS 150-REV. 1/1/68





BIRTH NO.	68	88.	17 CERTIFICA	TE OF DEATH	REG. NO	68- 8817
1. NAME OF DEC	AGNES	L. RO	MECKI		ugust 25	militaria de la companya della companya della companya de la companya de la companya della compa
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (V	Where deceased lived. If	institution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Md.	26	ISIDE CITY LIMITS!
143111011014	3400 Fait	t Ave.		Baltimore		YES NO
60	Baltimore		24 , Md.	E. STREET AND NUMBER	Ave. # 2122	4 •
SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
Female	White	WIDOWED		Dec.24,1890	77	17001113
	CUPATION (Give kind of world f working life, even if retired)	10B, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTR
R	etired	Hou	se Work	Pola	nd	U.S.A.
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN	NAME	
	? Zakr	zewski		Mary	?	
5. Was Deceased Yes, no or unknown	d Ever in U. S. Armed For n) (If yes, give wor or dote	rces? es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			218-26-0119	Cecelia M. B	orkowicz :	Same.
18.	0.9		CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASES rise to th UNDERLYIN	ANTECEDENT CAUSES OR CONDITIONS, if ne above couse (A) IG CONDITION lost.	i ony, giving		ACONSEQUENCE OF:	or Vopine	L Do Year
TO THE DEA	IFICANT CONDITIONS CO ITH BUT NOT RELATED TO T CONDITION GIVEN IN PAR IF OPERATION 198. CON WAS PER	THE TERMINAL RT 1 (A). IDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	r No) 208. IF YES, WERI	E FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIB	ENT WAS UNDERLYING DUTING CAUSE OF medical examiner	21 l hor etc	ne, farm, foctory, street, a	n or obout 21C. WHERE DIE	(If In Boltim	nore City, give exact location)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeot)		hile At Not While At Work	e C	INJURY OCCUR?	
22. I certify	y that (1) (this haspita	1) attended	the deceased fram		19to	19
that (1) (we) last saw the decease	ed alive on		19and	that in (my) (aur) o	pinian death accurred on the da
		ted abave. (1) (We) (did) (did not)	view the bady ofter dec	th.	
23A. SIGN AT	Mami	o m	Ath	ending Med. Director	Shaff Phys.	23B. DATE SIGNED
23 C. PHYSICI NAME (AN'S Type)	ARCI	AGA	23D. ADDRESS 3501 Fait	Ave.,Baltimo	ore , 21224.Md.
24A. 8URIAL CR REMOVAL Buri	(Specify)		AME of CEMETERY of CR	EMATORY 240	LOCATION ((City, town, or county) (Stole) Hill Rd., Ba.Co., Md.

Holy Rosary Cemetery

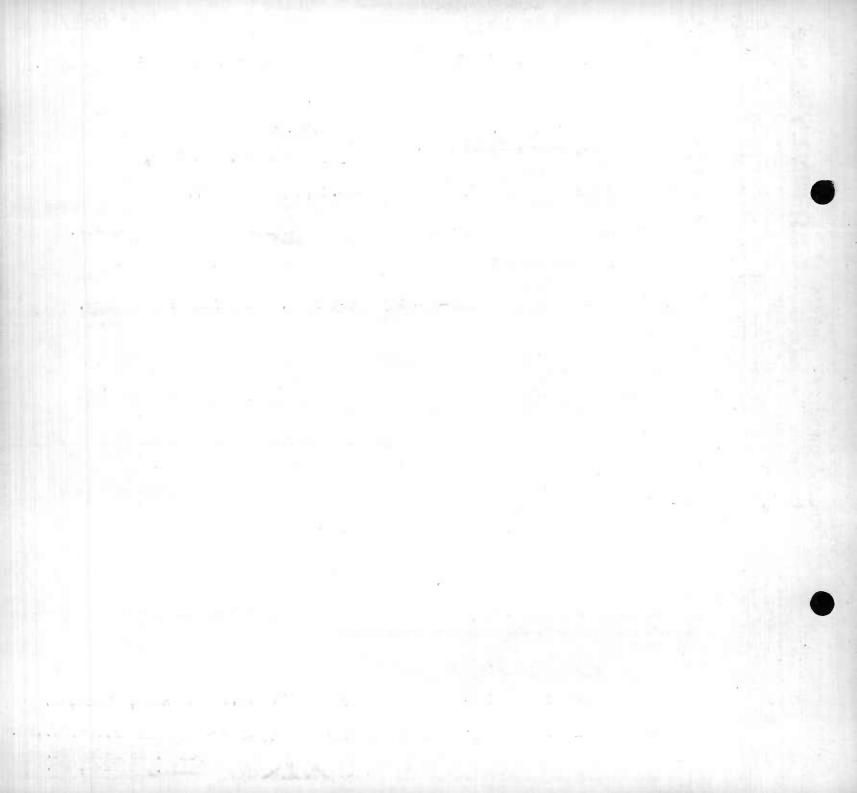
VS 150-REV. 1/1/68

25A. DATE REC'D RY HEALTH DEPT.

25B. NAME OF REGISTRAR

1968

7301 German Hill Rd., Ba.Co., Md. 901 S. C Balto., Conkling St. 21224, Md.



52-41	-16	1	BALTIMORE CITY HEALTH DEPARTMENT	68- 8818
VLB			11 NO. 68- 8818. CERTIFICATE OF DEATH REG. NO.	00 0010
	and eath ased the Such		TH NO. AME OF DECEASED 2, DATE AND HOUR OF DEATH	
	and leat leat ase sase sase Suc		and and the state of the state	110:58 PM
	f d ece on h.	2.1	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Whose deceased lived. If instit	
	de Do	3. 1	A. STATE 8. COUNTY	
	hos (5) (5) de	FUI	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	53-00
	a h caus se; (snda to c		TITUTION D. INSIDE	CITY LIMITS?
	US O	11	BALTIMORE CITY HOSPITAL NO DE STREET AND NUMBER	ES NO B
	in a de la company de la compa	1	USUO ENERTH AVE-DALLO, POOR LOOK IN	C 21222
	9 + D - G 9	-		DROVE RD
	ribu nine gula sed mad	S. S	MARKIED NEVER MARKIED	Of Under 1 Yr. If Under 24 Hrs. Aonths: Doys Haurs Min.
	m m m		Female White WIDOWED DIVORCED 9-5-02 65	
	e re			12. CITIZEN OF WHAT COUNTRY?
	if death rect or c (4) Undet was in the dec	dan	during most of working life, even if retired)	USA
	de de de de	13.	FATHER'S NAME	0 3/1
	w e b			
5	dir ; (4)	-	JOHN BAUGESS	
4	- 4 7 + 0	IS. Yes	Was Deceased Ever in U. S. Armed Farces? s,na ar unknown) (If yes, give war ar dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT RECORDS: BCH 4940	EASTERNEAVE. BALT
E	the tine dea		229-14-5116-D JOHN FILER - ABOVE	~ (SON) 2 M21
IMPORTAN	if if if iny ed	-	18. / CAUSE OF DEATH	APPROXIMATE INTERVAL
A A	SOUC		DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
8	lso of of of of of of		LEADING TO DEATH	2 DAYS
	Pere		(This daes nat mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:	
ä	er. ctu oro ar		healt failure, asthenia, etc. It means the disease, injury at camplication which caused death.)	
0	in a DE		ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:	6 YEARS
5	and the the		DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:	Q. 1.9.01.1.32
<u> </u>	3) X		rise to the above cause (A) stating the	- JUSHNS
DIRECTOR:	ai an an siins		UNDERLYING CONDITION last, (C) DIA DELCE TOURS	2011-
	edical dical rrns; rsicia was main	z	443 X II	
A	ed ed yr en	5	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
OZ.	FYGE	CA	DISEASE OR CONDITION GIVEN IN PART 1 (A).	IDINGS CONSIDERED
FUNERAL	a od od	Ē	WAS PERFORMED IN CERTIFYING CAUS	ES OF DEATH?
5	B C B	CER	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID) If in Baltimore (City, give exact location)
1	C2 C2 ere efe	4	OR CONTRIBUTING CAUSE OF hame, larm, foctory, street, office bldg, INJURY OCCUR?	
	y t iral e; (No No	0	NH NH NH	
	Sp torse	MEDI	OF INJURY	
	ho ho dec	>	(APPROX.) While At Work Work Work	
	x x c		22. 1 certify that (1) (this haspital) attended the deceased from 8 -14 1968 to 8	-16 1968.
	app to the fan l (e n); c		that (1) (we) lost saw the deceased alive on 8-16 19 68 and that is (197) (our) opinion	
	00		and haur and from the causes stated above (1) (We) (did) (did nat) view the bady ofter death.	
	ased to dent of a ospital (death);			3B, DATE SIGNED
	3 4 9 = =		Rending Med. Staff	0 1/ 16
			1) Such William Phys. Director Phys.	8-16-68
			25C. PHYSICIAN'S BRUCE M. BUCHER M. D. 220 ADDRESS 4940 EASTERN AV	E, BALTO, MD.
	ificate muy was rele 1) An acci 2. A. at a h d prior to approval		BRUCE M BUCHER MD DEGREE Balt. City HOSP	21224
	A P B	244		tawn, ar county) (State)
	certificate body was a vs: (1) An a D.O.A. at assed prior ten approv		Removal 8-17-68 Osborus Family Remotery Mouth of Wilson.	Virginia R77
	s b b b b b b b b b b b b b b b b b b b			ADDRESS
	This certif the body shows: (1) was D.O.A deceased	1	A. DATE REGISTRAR 256. FUNERAL DIRECTION LINE CO. P. Ab. Barring Funeral Home, Ab.	erdeen, Md. 21001
		VS	150-REV. 1/1/68	,

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Ochonic Law by Cernstery Mostle of to love. Harry was 278

68- 8819 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

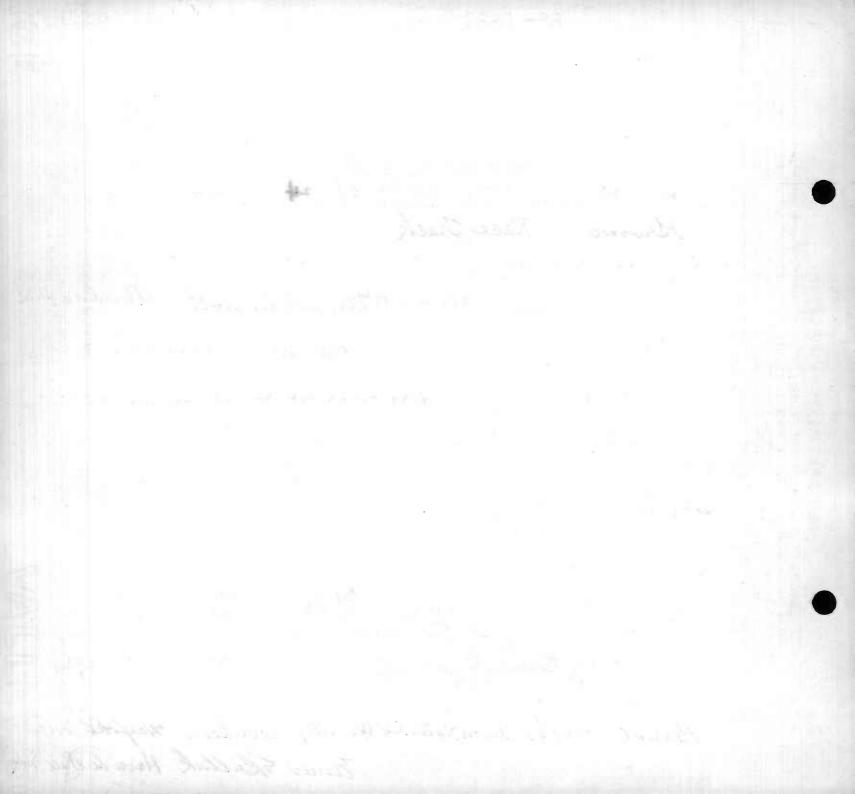
(68-	8819
EG. NO		
25, 19	Yeor 68	Hour M.
Doy 5, 1968	Yeor	1:55 A. M.
institution: re: OUNTY	sidence be	efore odmission)
NSOE CITY YES	MAITS?	20
t		
ADDR 33 Palo:	rmo A	
isease		ROXIMATE INTERVAL EN ONSET AND DEATH
		20 00 AM CO AM AM AM AMAN AM AM ON AM CO CO.CO. CO.CO. AM AM CO.CO.
		चिक्ताल को के क क्षात्र कर के की
21		SY? (Yes or No)
y, give exoct lo		No
th in my api	nion	
		DATE SIGNED
Aug	ust 2	25, 1968
		4- 1

BIF	TH NO.			10/ (1		021(1111		J. D.L/(!	REG. NO). <u> </u>		
	NAME OF DEC	EASED	W		C	2. DATE	Known 2		Doy	Yeo	Hour	
					OWSKE Sr.	OF DEATH	Estimoted	Aug.	25,	1968		М.
					RONOUNCED DEAD	3. DATE	UNCED DEAD	Month	Doy	Ye		
HO	L NAME OF SPITAL INSTITUTION	ADDRES	SS OR LOCA	TION)	TITUTION, GIVE STREET			Augus Where deceased li	t 25, 1			55 A. M.
	00 2	2115 We	st Fai	rmour	nt	A. STATE	Marylan	d	B. COUNTY			
6.	SEX	7. RACE		8. MARR	RIED NEVER MARRIED	C. CITY OF	TOWN		D INSIDE	CITY THAI	IS?	
	Male	White	e	WIDOV	VED A DIVORCED]	Baltimo:	re	X	YES CA	RIOD	
9. 1	DATE OF BIRTH	1	10. AGE (Ir lost birthdo		If Under 1 Yr. If Under 24 Hrs Months; Doys, Hours, Min		AND NUMBE	R	,			
M	ay 5.189	7	₹£2				2115 Wes	st Fiarm	ount			
11.	BIRTHPLACE (S	tote or foreign	n country)		12. CITIZEN OF	13. FATHER	'S NAME					
В	alto. Md.				WHAT COUNTRY?	Cha	rles Bur	kowake				
14A	USUAL OCCUI	PATION (Give	kind of work	14B. KINE	OF BUSINESS OR INDUST							
	Machinis		in in emedy	Cork	Co.	Mag	gie					
16.	WAS DECEASE	D EVER IN L	J.S. ARMED	FORCES	S? 17. SOCIAL	18. INFOR				ADDRESS	Balto	. Md.
(16	No or unknown)	(ir yes, give w	or or dotes	of service	SECURITY NO. 212-10-2562	M M	r. Carl	Burkowsk	e 133 Pa	alorm	Ave.	1200
	19.	1, 14			CAUSE OF DE	ATH						TE INTERVAL
	DISEASI	OR CONDI	TION DIPE	CTIV	Arterios	cleroti	c cardi	ovascula	r disea		DET WEEL OIGS	ET AND DEATH
		EADING TO		CICI	(A)IMMEDIATE							
	(This does no	t meon the	mode of dy	ing, e.g.,		AS A CONSEC	UENCE OF:					
	injury or com	osthenio, etc. plication which	h coused dec	oth.)								
		TE C E D E D T										
	DISEASES C	ITECEDENT O	NS. IF ANY	GIVING	(B)	R AS A CONSE	QUENCE OF:					
	RISE TO THE	ABOVE CAL	ISE (A) STAT	TING THE						100		
Z	ONDEREIN	O CONDIII	OIN LAST.		(C)							
CERTIFICATION	422	IFICANT CON	II	ONITRIBLE	TING				11-6-1-1			
S	TO THE DEA	TH BUT NOT	RELATED TO	THE TERM	INAL							
E		OPERATION			FOR WHICH OPERATION V	VAS DEDECIDA	AFD	***************************************		21 A	JTOPSY? (Y	es or No
19	O DAIL OF	OI ENAMOIN	200. CO	4DIIIO14	TOR WINCH OF ERAHOR	MAJ FERFORE	NLD			21. A	JIOPSIT (cs or 110 _j
4	22A. EXTERN	NAL CAUSE V	AVAC		22B. PLACE OF INJURY(e.g	In as should	ooc where	DID /// Dale	(1)		No	
MEDIC,	UNDERLYING UTING CAI	OR CONT	RIB-		home, form, foctory, street, off	ice bldg., etc.)	NJURY OCCL	JR?	re City, give e	XOCT TOCATIO	on)	
Σ	22D. TIME (oy) (Yeor) (Hou	r) 22E. INJURY OCCURRED		22F. HOW DIE	INJURY OCC	UR?			
L.	(APPROX.)					WORK						
	23.	THE STATE OF			III., WORK	,,OKK						
	I certi	fy that I he	ld on l	nquiry [Inspection X A	utopsy 🗌	ond that	an this bosis,	death in m	y apinio	n	
	result	ed from: No	oturol cau	ses 🔻	Actident Suic	ide H	omicide 🗌	Undetermi	ned monner			
ш		101	7	0	1 1		CHIEF MEDIC	AL EXAMINER				
	ACTUAL	IDE ()	un!	Sch	Dogal M	, ASS	STANT MEDIC	CAL EXAMINER	X		DATES	SIGNED
	SIGNATU		harles	S. 5	Springate, M.D.	D.		CAL EXAMINER		Anons	t 25,	1968
	NAME (T				7-140						,	1700
	A. BURIAL CREM MOVAL (Specif		4B. DATE		24C. NAME of CEMETER	ar CREMATO		24D. LOCATION		wn, or cou	inty)	(State)
	Burial		Aug. 28	_				Balto Md	•			
25	A. DATE REC'D		EPT.	25B. N	IAME OF REGISTRAR		FUNERAL DIR			ADDRESS		
		AUG 28	1968	D. C.	est 2 Fasbar	G.	Truman	Schwab 3	512 Fred	deric	Ave.	Balto.
VS	151-REV. 1/1/68			11111	1 2 18 2	0 0	63 3	0				1 4

AND THE RESERVE TO BE . 24. 35. 21. who are the right admissions from a first section in - main militar valve s size o saltes. and the Waller Charles of 1 40 132

	BALTIMORE CITY HE	ALTH DEPARTMENT		69 0000
BIRTH NO. 68- 8820	CERTIFICATE	OF DEATH	REG. NO.	68- 8820
BIRTH NO. 1. NAME OF DECEASED			HOUR OF BEATH	
(Type or Print)			HOUR OF DEATH	104 0
ROBERT C. Scot	7		-/48	M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED	DEAD 4.	STATE B. COUNT	deceased lived. If in	stitution: residence befare admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION,	GIVE STREET	M J.	HARFOR	200 62 20
HOSPITAL OR ADDRESS OR LOCATION)		ITY OR TOWN		DE CITY LIMITS?
710 ^ '		MBERDEE	(4.3	YES NO
UNIVERSITY OF Md. HOS	SP.	TREET AND NUMBER		
		515 EDMUN	T2 06	
5. SEX 6. RACE 7. ALADRED ALE			AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
MAKKED	VER MARKIED	1 1 10	st birthdoyl	Months Doys Hours Min.
MIDOMED _		0 24	44	
done during most of working life, even if retired)	LESS OR INDUSTRY 11.	BIETHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) Stoom 13. FATHER'S NAME CLAUDE BENTON 15. Was Decoased Even in U. S. Armed Forces? 16. 55	Track	Pa.		U.S.A.
13. FATHER'S NAME	20001	MOTHER'S MAIDEN NAM	E	
C1 2126 26 . T		DO 20 TH-1	CLAST	
CLAUDE BENTON			20011	
	CURITY NO.	NFORMANT		ADDRESS
21	2-16-03147	141711/Mine	Cantl	aberdeen, us
	CAUSE OF DEATH	V, raesucer	score	APPROXIMATE INTERVAL
1911				BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which coused deoth,)		110000	. 0.10	2 0 0
(This does not mean the made of dying, e.g.,	(A) IMMEDIATE CAUSE	ASOLRATION	3 JNECM	CNITIS 2 DAYS
hearl failure, aslhenia, etc. Il means the disease,	DOL 10, OK AS A CO	NISE GOLINCE OI.		
		1		A
ANTECEDENT CAUSES	(B) POST-OP	RATIVE Ca	OF LAR	YNY CHENIC
DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoting the	DUE TO, OR AS A CO	NSEQUENCE OF:		
rise to the above couse (A) stoling the UNDERLYING CONDITION last. / / / / II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	(0)			
CHEERING CONDITION (US),	(C)			
z /6/X II				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
DISEASE OR CONDITION GIVEN IN PART 1 (A).	OBCOATION	OA. AUTOPSY? (Yes or No)	200 IE VEC MERC	ENDINGS CONSIDERED
WAS PERFORMED		AUTOPSTETIES OF HO	IN CERTIFYING, CAL	
	YNX	4e5	yes	
OR CONTRIBUTING CAUSE OF home, form	E OF INJURY (e.g., in or a foctory, street, office	oldg., INJURY OCCUR?	(If In Baltimor	e Cily, give exact location)
Z DEATH (notify medical examiner)				
21D. TIME (Month) (Doy) (Year) (Haur) 21E, INJUI	RY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
S OF INJURY	Not While			
(APPROX.)	At Work			
22. I certify that (1) (this hospital) attended the dec	eosed from	3/28 19	68 ta	8/22 1968,
	8/22	19 68 and that	in (m) (our) api	nian death accurred an the date
The state of the s	town .		miles (-or, ob.	
and haur and fram the causes stated obave. (W) (We)	(did nat) view	the bady after death.		less BAYE SIGNED
23A. SIGNATURE	A 12			23B, DATE SIGNED
23C. PHYSICIAN'S NAME (Type) BARRY OMINSKY 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of	M. D. DEGREE Phys.	Med. S Director P	taff hys. 🔀	8/22/68
23C. PHYSICIAN'S	23 D.	ADDRESS		
NAME (Type)		INICH LINED.		
BARRY OMINSKI	DEGREE		TAL	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of	CEMETERY OF CREMA	ORY 24D. LQ	CATION (CI	ty, town, or county) (State)
Burial 8/27/68 Umon)	Mellioned le	ineley lebe	rdeen ?	Harford Ma.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REG	ISTRAR	25C. FUNERAL DIRECTOR	1 1	ADDRESS
Burial 8/27/68 Union 7 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REG	In a ma	411 611	w Olak	Havre de Blace, mo
VS 150-REV. 1/1/6B	Alaman	Church of	·····	112000000000

h.--

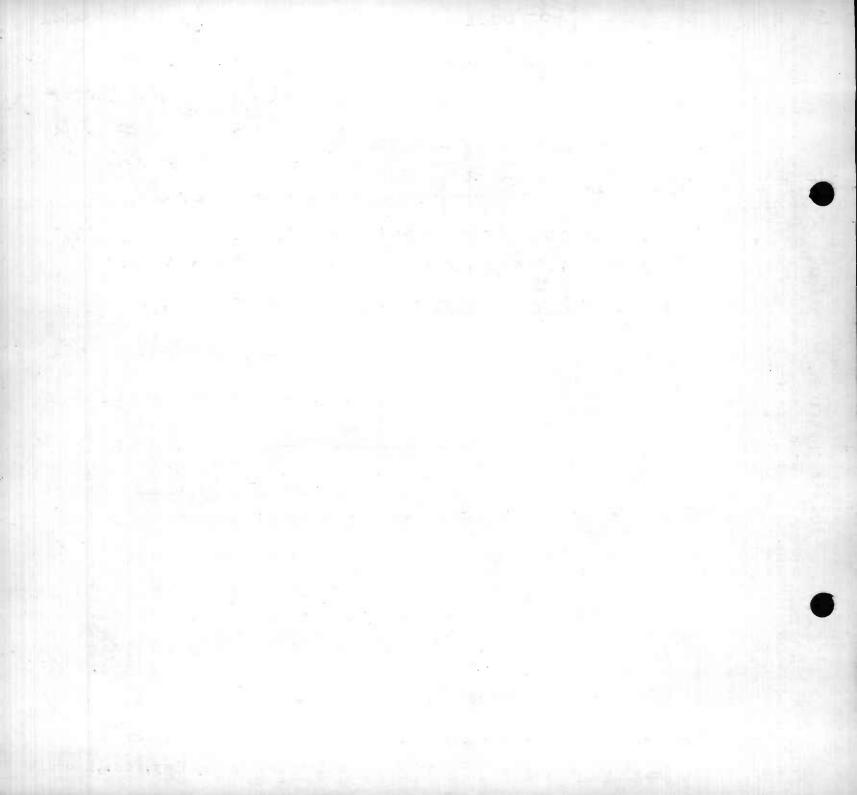


IMPORTANT DIRECTOR: FUNERAL

VS 150-REV, 1/1/68

tf Under 24 Hrs. Hours : Min. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? U.SA. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ...and that in (my) (aur) apinian/death accurred an the date 23B. DATE SIGNED Walter Brooks Bradley, Inc., Dundalk

NO X

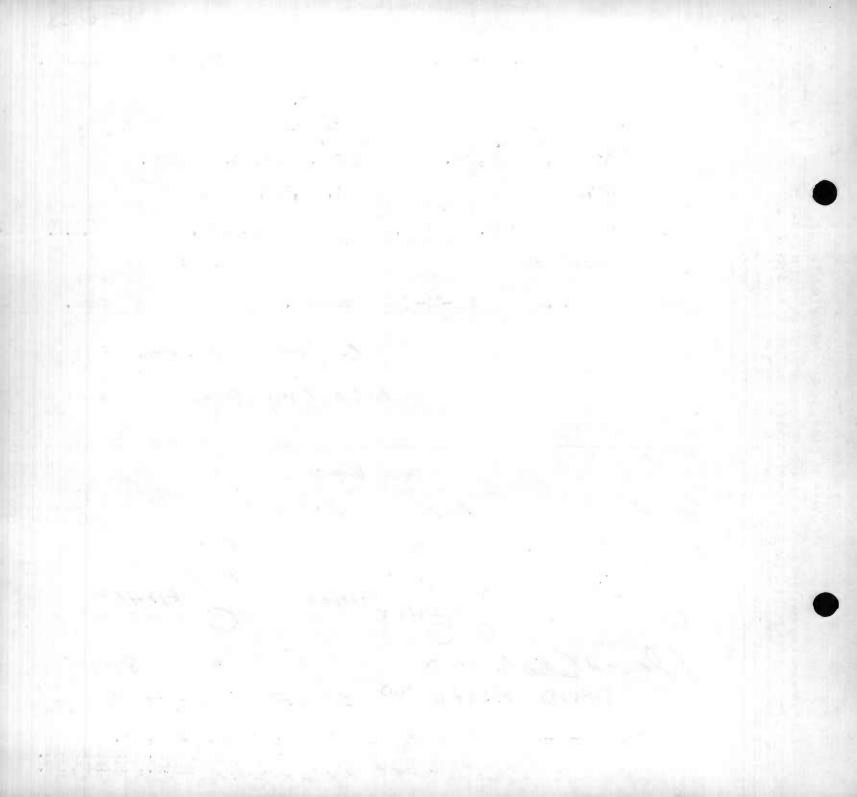


68-8822 baltimore city health departmen	2 BALTIMORE	8-8822	2 BALTIMORE CITY HEALT	H DEPARTMENT
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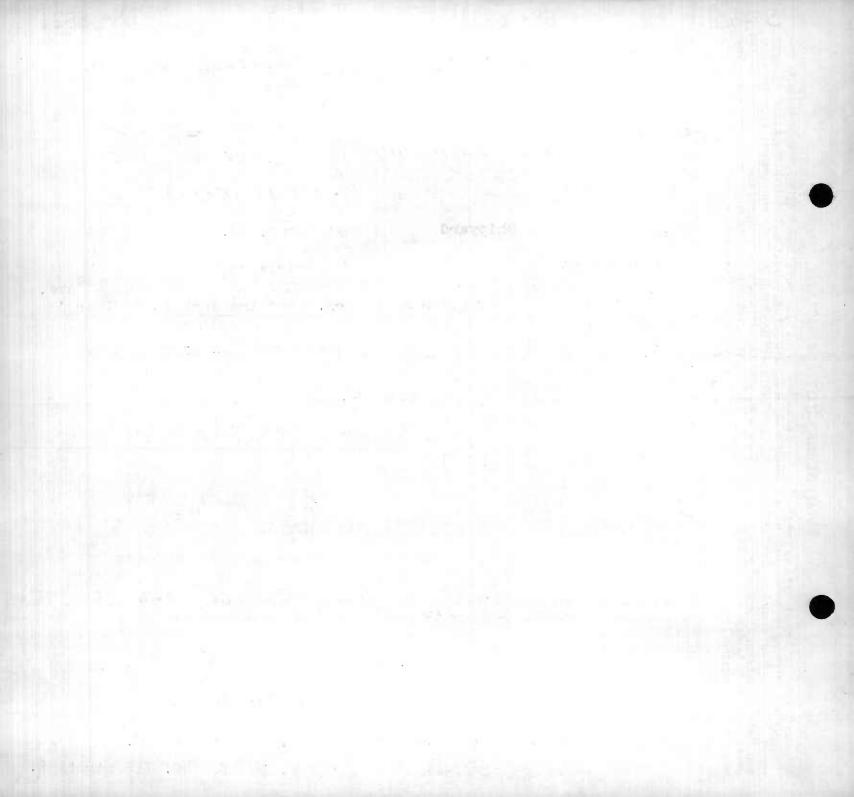
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH

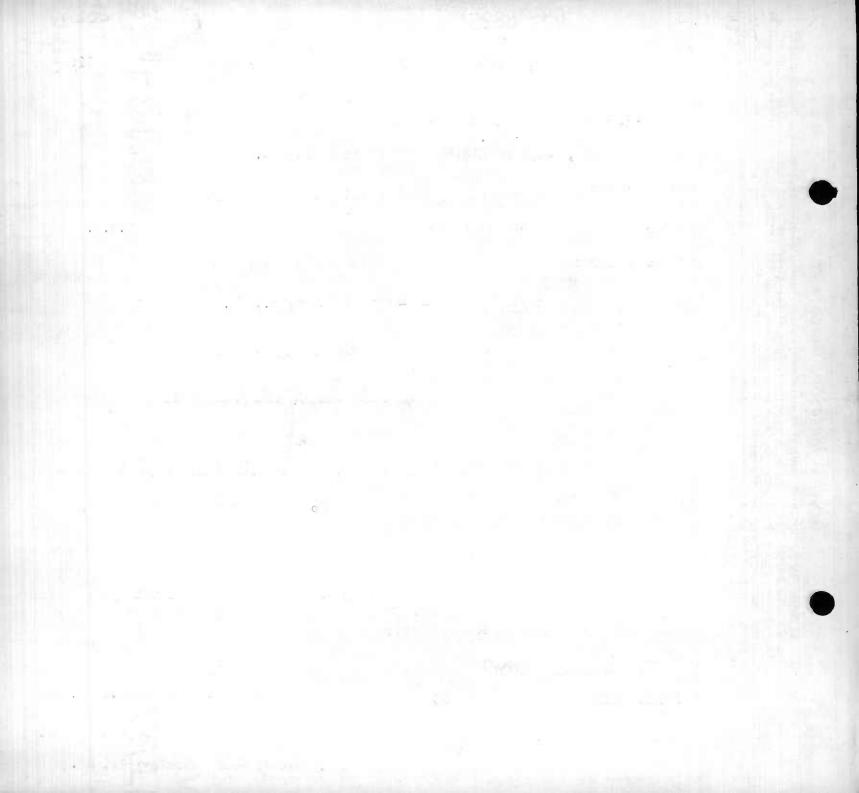
					BALTIMORE CITY HE			DEATH	10	68-	8822
BIRTH NO 68	11543	MED	ICAL		KAMINER'S (EKIIFI	CATE OF	DEATH	REG. NO.		
1. NAME OF DEC	CEASED					2. DATE OF	Knawn	Manth	Day	Year	Haur
DONNIE		Ray			WE Jr.	DEATH	Estimated 🖺	Augus		1968	6:00a.m.
4. PLACE IN BAI FULL NAME OF HOSPITAL	(IF NO		LORINST		ON, GIVE STREET	3. DATE PRONOL	JNCED DEAD	August	26,	1968	10:55 A.
Baltimo	ore City	Hosp:	ital			5. USUAL RI A. SIATE Mary	ESIDENCE (Where		COUNTY	residence	before odmission)
6. SEX	7. RACE	-	B. MARR	IED [NEVER MARRIED	C. CITY OR		[. INSIDE CIT	Y LIMITS?	
male	whit	te	WIDOW	_		Balt	imore		YE	s X	NO 🗆
9. DATE OF BIRT	H	10. AGE (In			nder 1 Yr. If Under 24 Hrs.	E. STREET A	ND NUMBER				
June 2	2 7 0 6 8	lost birthdo	y)	2	ths, Doys, Hours, Min.	2015	Inverton	Road			
11. BIRTHPLACE	State or foreig	n country)		12. C	CITIZEN OF	13. FATHER					
Marylar	5.0			٧	U.S.A.	Donn	ie Ray Ro	we Br			
14A.USUAL OCCL	JPATION (Give		14B. KIND	OF	BUSINESS OR INDUSTRY	15. MOTHE	S MAIDEN NAM	AE .			
done during most of NOI		en if refired)		1	Vone	Mano	y June Pa	rri ch			
IA WAS DECEAS	ED EVER IN	U.S. ARMED	FORCES	2	17. SOCIAL	IB. INFORM	MANT		2015 AG	DRESS	on Rd.
(Yes, no or unknown	(It yes, give w	or or dotes	of service)	SECURITY NO. None	Donni	e R. Rowe	-	Dundall		21222
19.	JY				CAUSE OF DEA		e it. Howe	O.F.	Dunaa D	Al	PROXIMATE INTERVAL
DISEAS	E OR COND	ITION DIRE	CTLY					/ an m	······ \	30.11	TELL OLIVER ALL DEVIL
DISEA	LEADING TO				Interst		neumoniti	s (SDI	[)		
(This does i	not meon the	mode of dy	ing, e.g.,			AS A CONSEQ	UENCE OF:				
	mplication which										
Δ.	NTECEDENT	CALISES			403						
DISEASES	OR CONDITIO	ONS, IF ANY	, GIVING		DUE TO, OR	AS A CONSEC	QUENCE OF:				
UNDERLYI	E ABOVE CAL	USE (A) STAT ON LAST.	ING THE		(0)						
o Contraction	,				(C)						
O TO THE DE	(NIFICANT CON ATH BUT NOT R CONDITION	RELATED TO	THE TERM	INAL							
20A. DATE O					WHICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes or No)
2										v	es
Z 22A. EXTER	NAL CAUSE	WAS	1	22B.1	PLACE OF INJURY(e.g.,	in or obout 2	2C. WHERE DID	(If in Boltimore	City, give exo		<u> </u>
	G OR CON			home	e, form, foctory, street, offic	e bldg., etc.) II	NJURY OCCUR?				
	(Month) (D	oy) (Year) (Hou	r) 2	2E.INJURY OCCURRED	2	2F. HOW DID IN	JURY OCCUR	?		
OF INJURY (APPROX.)				V	VHILE AT NOT	WHILE					
23.				m. V	VORK L AT V	ORK L					
	tify that I he	eld an I	nguiry [Inspection Au	tapsy X	and that an tl	his basis, d	eath in my	opinian	
resul	ted frem: N	atural cau	X		ccident Suicio		micide 🔲	Undetermine	d manner	i .	
1630	- I	410141 640	303 (4)	-	Soleti		CHIEF MEDICAL E	-			
ACTUAL	/111	2	0	1	707-	ASSI	STANT MEDICAL E	_	X		DATE SIGNED
SIGNAT	1 /-	221	/	4	M.C			-	7	8	/27/68
NAME (Verner	U. S	pit	z, M.D.	ASSC	CIATE MEDICAL E	XAMINEK L	_		727700
24A. BURIAL CRE REMOVAL (Spec	MATION, 2	4B. DATE		24	C. NAME of CEMETERY	or CREMATO	DRY 24D.	LOCATION	(City, town	or county) (Stote)
Buria					Jernon M.E. C			WhitehH	all	Marv	land
25A. DATE REC'D	BY HEALTH I			IAME	OF REGISTRAR	25C. I	n E. Goff		324 ^{Al}	N Ma	in Street
VS 151-REV. 1/1/6						9	63 63				
	_										

	00	000		LITY HEALTH DE			68	- 8823	
BIRTH NO.		- 882	3 CERTIFIC	CATE OF		REG. NO.		0020	
1. NAME OF DE (Type or Print)	ME LVIN	R. GR	AY (GRAY)	Augus	t 26, 19		10:10 P. A	
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL R	ESIDENCE (When		f institution:	residence before odmission	
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	C. CITY OR T	C. CITY OR TOWN D INSIDE CITY LIMITS?						
31	Baltimore City Hospitals				Baltimore YES A NO				
	4940 Easterr Baltimore		E. STREET AND NUMBER						
					510 S. Umbra St. # 21224 . The state of BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.				
Male	White	WIDOWED	DIVORCED			ost birthday)	Months	Doys Hours Min.	
	CUPATION (Give kind of world				CE (State or foreign		12. CI1	TZEN OF WHAT COUNTRY	
	f working life, even if retired) OPER	Beth.	Steel Co.	San	gersville	e . Va.	V L	U.S.A.	
FATHER'S NAME					14. MOTHER'S MAIDEN NAME				
	Samuel Gr		Mollie Griffith						
. Wos Deceose	d Ever in U. S. Armed For	17. INFORMA	17. INFORMANT ADDRESS						
Yes, no or unknow	(If yes, give wor or dote W.W.J	8 Ressi	Ressie V. Gray : Same.						
1B. /	1101102		234-12-835 CAUSE OF D		O V. GIA	у •		APPROXIMATE INTERVAL	
UN DERLYIN OTHER SIGN TO THE DEA	he obove couse (A) NG CONDITION lost, II IFICANT CONDITIONS CO ATH BUT NOT RELATED TO T	NTRIBUTING HE TERMINAL	(c)	e Convi	un				
▼ DISEASE OR	OF OPERATION 198. CON WAS PER	IDITION FOR W	HICH OPERATION	20 A. AUT	OPSY? (Yes or No)	20B, IF YES, WE	RE FINDING CAUSES OF	S CONSIDERED DEATH?	
_ OR CONTRIE	ENT WAS UNDERLYING DUTING CAUSE OF fy medical examiner	21 B. I home etc.)	PLACE OF INJURY (c., lorm, foctory, street	e.g., in or obout 21 C	WHERE DID URY OCCUR?	(If in Bolti	more City, gi	ve exoct location)	
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED		HOW DID INJ	JRY OCCUR?			
(APPROX.)	NO	While	e AI D KAN	White D		NM			
that (I) (we	y that (1) (this hospita e) last saw the decease nd fram the causes sta	ed alive on	8/24/6	8 19	and the	9ta	F/2-6/ apinian de	ath occurred an the da	
23A. SIGNAT							23 B. D.	ATE SIGNED	
1	aved (Mu	M. D DECREE	Attending Phys.	Med. Director	Staff Phys.	8	127168	
23 C. PHYSICI NAME		AC	KER M.	D 23D. ADDRESS	4E	Pratt	5+	127/68 21278 Balthad	
24A. BURIAL CR		24C. NA	ME of CEMETERY OF	CREMATORY	24D. LC	CATION	(City, town,	or county) (Stote)	
Bur		8. RES	T HAUEN	MEM. GA	R DE NC Ha	rrisonbe	g , Va	l.	
	ALIG 29 1968	258. NAME OF		25C. FUN	ERAL DIRECTOR	, 90.	S. Co	onklings St. 21224, Md.	
VS 150-REV. 1/1	/6B	A CONTRACTOR				CLY_	-		



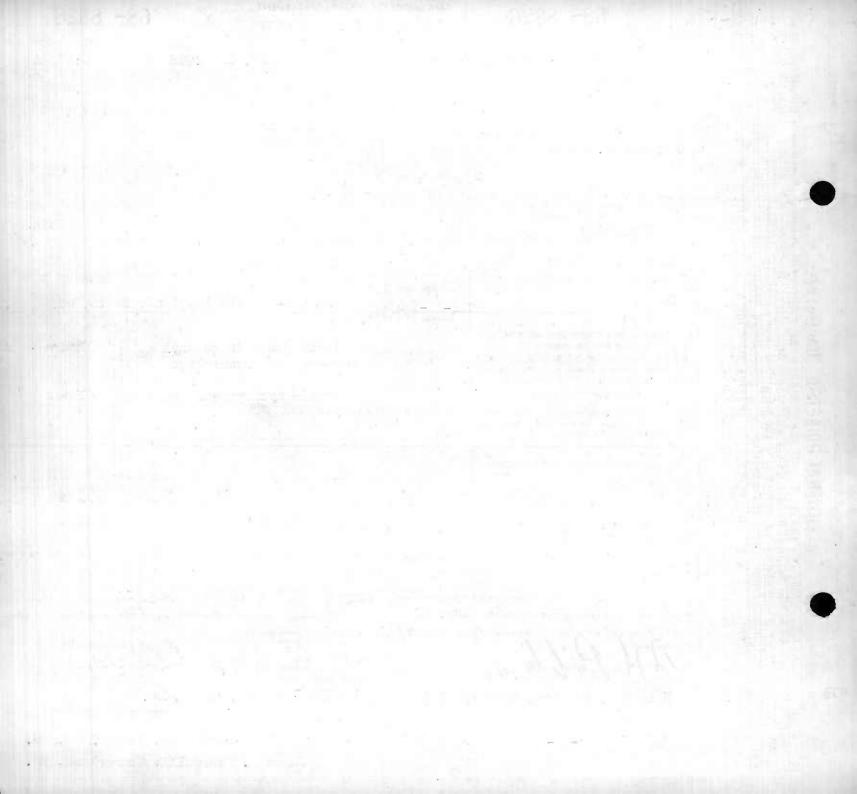
VS 150-REV. 1/1/68





VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



w-452

VS 151-REV. 1/1/6B

	BALTIMORE CITY HE	EALTH DEPARTMENT	
#	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 68	- 8827
	BIRTH NO.	KEG, NO.	
	NAME OF DECEASED Type or PGEORGE WILLIAMS	OF V7 Amount 27 10	Yeor 8:15 A. _{M.}
-11.	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		Yeor Hour
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD August 27, 19	
II	OR INSTITUTION .	5. USUAL RESIDENCE (Where deceosed lived. If Institution: res	idence before odmission)
	Baltimore City Hospital	A. STATE Maryland B. COLLYY	0 3
I	6. SEX 7. RACE B. MARRIED NEVER MARRIED		
-	male Negro WIDOWED DIVORCED 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	1.23	NO .
	6-6-1918 South Label Doys Hours Min.		
ŀ	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
	Phila., Pennsylvania WHAICOUNTRY?	Unk.	
	4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	TY 15. MOTHER'S MAIDEN NAME	
	Laborer Terminal Corp.	Frances Jones	
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRI	
	No.	Mrs. Frances Jones 2445 D.	
I	19. CAUSE OF DEA	ATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY Multip	le Injuries	
	LEADING TO DEATH (This does not meen the mode of dying, e.g., DIFTO OR	CAUSE AS A CONSEQUENCE OF:	
	heort loilure, osthenio, etc. It meons the diseose, injury or complication which coused death.)	AS A CONSEQUENCE OF.	
	ANTECEDENT CAUSES (B)		
		AS A CONSEQUENCE OF:	
	UNDERLYING CONDITION LAST. (C)		
	E = 9/0 \ 3		
	UNDERLYING CONDITION LAST. (c) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W		
	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	VAS PERFORMED 21.	AUTOPSY? (Yes or No)
			Yes
	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., home form, foctory, street, offi	in or about 22C. WHERE DID (If in Boltimore City, give exoct located bldg, etc.) INJURY OCCUR? Shed In front of shed, Dundal	cotion) 53-00
	UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED		K Marine Termina
I	OF INJURY (APPROX.) 8/27/68 8:15 A. m. WORK X	TURNET	
	UTING CAUSE OF DEATH. 220. TIME (Month) (Doy) (Year) (How) (22E.INJURY OCCURRED OF INJURY (APPROX.) 8/27/68 8:15 A. m. WORK X AT YEAR OF INJURY OCCURRED OF INJURY (APPROX.) 8/27/68 8:15 A. m. WORK X AT YEAR OF INJURY OCCURRED OF INJURY	work subj. struck on head by	a container_
	I certify that I held an Inquiry I Inspection A	utopsy 🛚 and that on this basis, death in my apir	nion
	resulted from: Natural causesAccident X Suici	de Hamicide Undetermined manner	
	1.0	CHIEF MEDICAL EXAMINER	DATE SIGNED
1	SIGNATURE CONTROL M.I.	D. ASSISTANT MEDICAL EXAMINER	
	EXAMINER'S Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER	8/27/68
	NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	f or CREMATORY 24D. LOCATION (City, town, or	county) (Stote)
	PEMOVAL (Specify)	morial Park Baltimore,	Maryland
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDR	ESS
	AUC BUILDING A - 1 2 7 0	MORTON & DYETT F.H. 170	1 Laurens St.

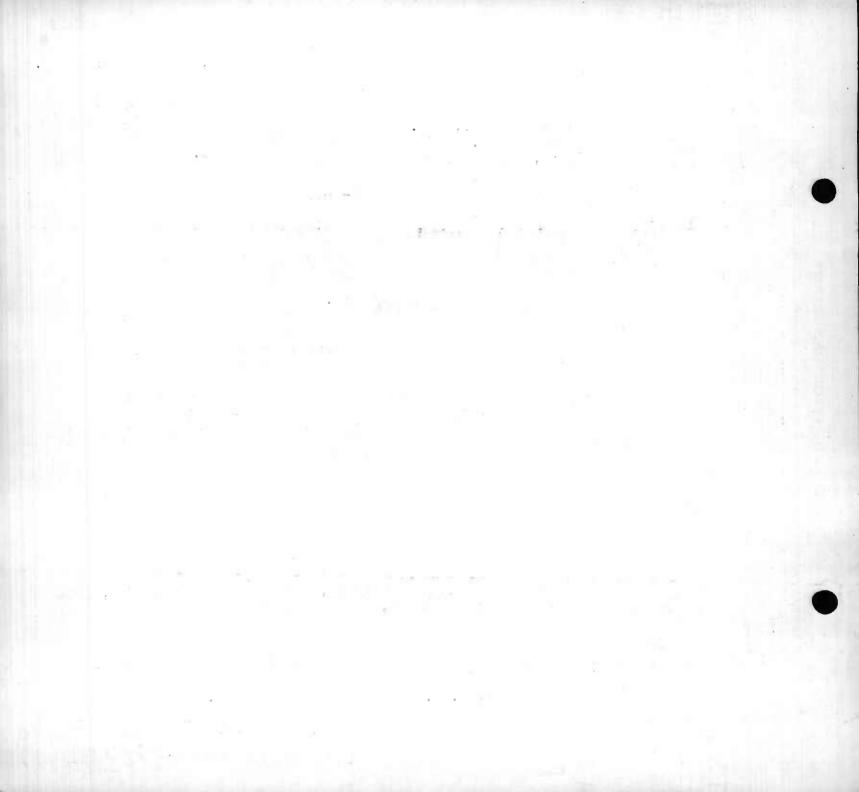
The Market Burner | Tree ve . . Share

BALTIMORE CITY HEALTH DEPARTMENT

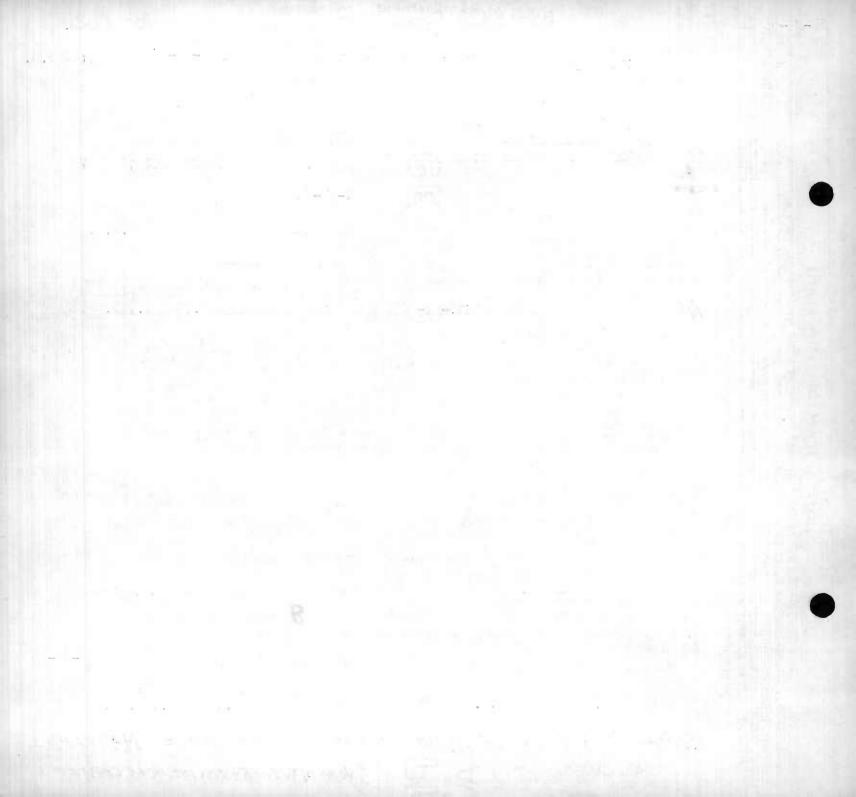
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BIRT		BALTIMORE CITY			FR 0000
DIVIO	68-	8829 CERTIFICA	TE OF DEATH	REG. NO.	68-8829
1. NA	AME OF DECEASED		2. DATE	AND HOUR OF DEAT	ТН
	e or Print) William Story				
2 81	0	2412 272 272	AU	gust 25, 19	f institution: residence before ad
3. PI	LACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	A. STATE 8. CO	UNTY	institution, residence before ad
FUL	L NAME OF (IF NOT IN HOSPITAL OF	R INSTITUTION, GIVE STREET	Maryland		111
HOS	SPITAL OR ADDRESS OR LOCATION		C. CITY OR TOWN	D. 11	SIDE CITY MMITS?
	Provident Ho	spital. Inc.	Baltimore		YES IN NO
-	9 1514 Divisio		E. STREET AND NUMBER	R	
	Baltimore, M		533 Cumber	rland St.	
5. SE		ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under
				lost birthdoy)	Months Doys Hours
		DOWED DIVORCED	7-4-98	70	
	USUAL OCCUPATION (Give kind of work 10B. I during mostlof working life, even if retired)	tired	11. BIRITATE CE (State of	foreign country)	12. CITIZEN OF WHAT CO
	COOK		Virginia	a	USA
13. F	ATHER'S NAME	& O Employee	14. MOTHER'S MAIDEN	NAME	
	11111111		2+		2
16.15	winam so	reig	13000		1
Yes,	Nos Deceosed Ever in U. S. Armed Forces? ,no or unknown) (If yes, give wor or dotes of s	service) SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	no	105-03-0999	Mrs. Madel]	a Story (W	ife) Same
	18. /	CAUSE OF DEAT			APPROXIMATE INT
7	UNDERLYING CONDITION last.	hyepr	trophy	-a wron rer	t ventricular
0	OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO THE TER				
< 1	DISEASE OR CONDITION GIVEN IN PART 1 (A		IZOA ALIZABEVA IV.	Nol 208 IE Vec 145	BE EINDINGS CONSIDERED
TIFIC	194 DATE OF OPERATION 198. CONDITIO	N FOR WHICH OPERATION ED		IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
8	21A. ACCIDENT WAS UNDERLYING	210 BLACE OF INITIAN	Yes	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The Charles of the Charles
	OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)	21B. PLACE OF INJURY (e.g., i home, farm, factory, street, o etc.)	ffice bldg., INJURY OCCUR	? (IT IN BOITII	more City, give exact location)
U					
	21 D. TIME (Month) (Day) (Year) (Ho OF INJURY			INJURY OCCUR?	
2	(APPROX.)	While At Not While Work At Work			
-	22. I certify that (I) (this hospital) atta		uly 12, 1968	19 to A1	igust 25, 196%
15		AHPHSI, CO.	1 400		
	that (I) (we) last saw the deceased ali	To the state of th			opinion death occurred on t
1		bove. (1) (We) (did) (dld not) v	view the body after dea	th.	
1	and hour and from the causes stated a				
1	and hour and from the causes stated a 23A. SIGNATURE		-11		23 B. DATE SIGNED
1		Pa Ath	ending Med.	Staff Phys.	23 B. DATE SIGNED 8-26-68
2	23A. SIGNATURE J. H. J. H. 23C. PHYSICIAN'S	Ath	ending Med. Director 23D. ADDRESS		
2	23A. SIGNATURE 23C. PHYSICIAN'S	DEGREE Phy	23D. ADDRESS	J Phys. 🖵	
2	23C. PHYSICIAN'S NAME (Type) Raymundo Co	rpuz, M. D. DEGREE	23D. ADDRESS 1514 Divis	ion St.	
2	23A. SIGNATURE 23C. PHYSICIAN'S	rpuz, M. D.	23D. ADDRESS 1514 Divis	J Phys. 🖵	
2	23C. PHYSICIAN'S NAME (Type) Raymundo Co:	rpuz, M. D. DEGREE	23D. ADDRESS 1514 Divis	ion St.	
244	23C. PHYSICIAN'S NAME (Type) Raymundo Co: BURIAL CREMATION, 24B. DATE 3MOVAL RSpecify 8-29-6	rpuz, M. D. DEGREE	23D. ADDRESS 1514 Divis	ion St.	
		bove. (1) (We) (did) (dld not)	view the body after dea	th.	

BALTIMORE CITY HEALTH DEPARTMENT



VS 150-REV. 1/1/68



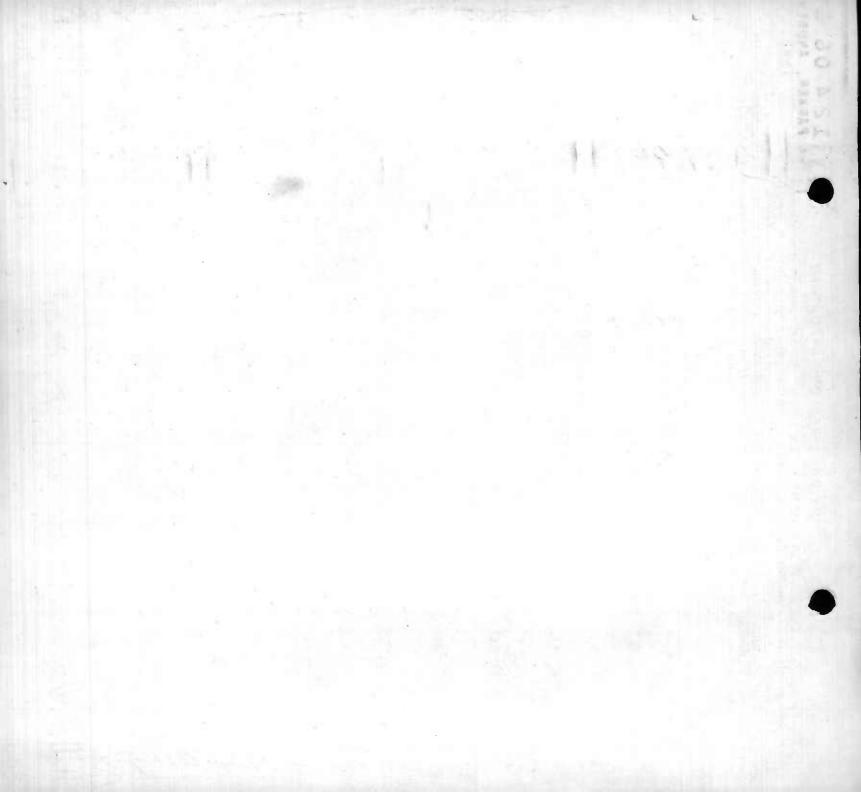
B-1530

68- 8831 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 68	8-8831
BIRTH NO.	REG. NO.	0001
NAME OF DECEASED	2. DATE Knawn XX Manth Doy	Year Hour
Type or Print) ROOSEVELT JOHNSON BOND, JR.	OF DEATH Estimoted - 8 27	68 9:00 p M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Year Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) DR INSTITUTION	PRONOUNCED DEAD August 27 5. USUAL RESIDENCE (Where deceased lived, if institution: res	1968 9:00 р м
$\wedge \mathcal{D}$	A. STATE B. COUNTY	sidence perore damission)
2034 Linden Ave.	Maryland	
5. SEX 7. RACE B. MARRIED X NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY L	IMITS?
Male colored WIDOWED DIVORCED	Balto. YES	No 🗌
P. DATE OF BIRTH 10. AGE (In yeors # Under 1 Yr. If Under 24 Hrs. 4-25-41 27 # Under 1 Yr. If Under 24 Hrs. Manths, Days, Haurs, Min.	E. STREET AND NUMBER 2034 Linden Ave.	3-02
1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
Baltimore, Maryland WHAT COUNTRY? U.S.A.	Roosevelt Bond	
4A.USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY		
ane during mast of working life, even if retired)	Eliah D	
1aborer 6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	Edith Ross IB. INFORMANT ADDR	ECC
Yes, na or unknawn) (If yes, give wor ar dates of service) SECURITY NO.		
yes 216-34-4712	Mrs. Edith Bond 1720 Brentwood	
19. CAUSE OF DEA	TH .	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Fatty	metamorphosis of the liver	
LEADING TO DEATH	AUSE	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:	
Injury ar complication which caused deoth.)		
ANTECEDENT CAUSES (B)		
	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.		
(c)		
CC)		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
	AS PEREORMEN [21]	. AUTOPSY? (Yes or Na)
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	I TERI ORNIED	
	The state of the s	YES
UNDERLYING OR CONTRIB-	in ar about 22C. WHERE DID (If in Baltimare City, give exact lae bldg., etc.) INJURY OCCUR?	ication)
UTING CAUSE OF DEATH.		
22D. TIME (Month) (Doy) (Year) (Haur) 22E.1NJURY OCCURRED OF INJURY	22F. HOW DID INJURY OCCUR?	
(APPROX.) m. WHILE AT NOT AT W	WHILE ORK	
23.	EVI.	
	topsy XX and that on this basis, death in my api	nion
resulted from: Natural causes Accident Suicid	e Homicide Undetermined manner	
	CHIEF MEDICAL EXAMINER	
ACTUAL PANA TVICE	ASSISTANT MEDICAL EXAMINER XX	DATE SIGNED
SIGNATURE M.D	ASSOCIATE MEDICAL EXAMINER	
NAME (Type) Edward F. Wilson, M.D.		st 28, 1968
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY		
REMOVAL (Specify) 8-30-1968 Mt. Calvary C		
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR 1735 Harfords	esse. 21213
AUG 29 1968 R. P. S. E. Farkeyna	Marshall W. Jones, Jr.	
'S 151-REV, 1/1/6B	0 0 0 9 1	

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VS 150-REV. 1/1/68



F-640

68-8833 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH
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		00-	000	3 BA	ALTIMORE CITY HE	ALTH DEPAR	TMENT			100	0000
		MED	ICAL	EXA	AMINER'S C	CERTIFIC	CATE O	F DEAT	H REG. NO.	00-	8833
BIRTH NO.											
NAME OF DEC	EASED		ane	F	Ferrell	2. DATE OF DEATH	Known X	Month Augu	ist 26,		12:20 P.
PLACE IN BAL		RYLAND, V	VHERE PR	ONOU	NCED DEAD	3. DATE		Month	Day	Year	Haur
TULL NAME OF HOSPITAL OR INSTITUTION	(IF NO		AL OR INST		I, GIVE STREET		NCED DEAD	Augus	st 26,	1968	12:20 P. M. efore admission)
119						A. STATE			B. COUNTY		1/
South	Baltim	ore Ge	eneral	. Hos	spital	Maryl					X
S. SEX	7. RACE		B. MARR	IED 🔲 I	NEVER MARRIED	C. CITY OR	NWO		D. INSIDE C	PEIMITS?	2000
female		ite	WIDOW	ED 🗌	DIVORCED 🗌	Balti			YE	S N	io
DATE OF BIRTI		lost birthde	n yeors		r 1 Yr. If Under 24 Hrs. Doys , Hours , Min.		ND NUMBER	~~~~			21226
Feb 25,	1964	4-7	ž					* SXXXX \$ 9	iva 821	Clintwo	ood Court
1. BIRTHPLACE (S	lote or foreig	jn country)			ZEN OF ALCOUNTRY?	13. FATHER'S	NAME				
Baltimore	, Mary	rland			U. S. A.	Ch	arles R	. Ferrel	1		
4A.USUAL OCCU	PATION (Give	e kind af work	14B. KIND	OF BUS	SINESS OR INDUSTRY	15. MOTHER	'S MAIDEN N	IAME	170		
one during mast of w	orking life, ev	en ifrefired)	No	ne		Ge	orgina :	Mirabell	.8		
6. WAS DECEAS	ED EVER IN	U.S. ARMEI	FORCES	? 17	. SOCIAL	18. INFORM				DDRESS	21.226
Yes, no or unknown)	(It yes, give w	var or dates	at service		SECURITY NO.	Mrs. J	ames Wa	lter Fer	rell 45	23 Peni	nington Ave
19.	Ed. V				CAUSE OF DEA	TH					ROXIMATE INTERVAL
79					, -					BETWE	EN ONSET AND DEATH
	E OR COND LEADING TO		CTLY		ACUT	LE I	PNEU.	MONIT	15		
	at meon the		ring, e.g.,		(A) IMMEDIATE C	AUSE AS A CONSEQU					B-4
heort foilure	, asthenio, etc aplication which	. It meons the	e diseose,		002 10, OK P	TO A CONSEQ	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	NTECEDENT				(B)	16 1 60 1166					
RISE TO THE	OR CONDITION	USE (A) STA	Y, GIVING TING THE		DUE IO, OR	AS A CONSEG	UENCE OF:				
	IG CONDITI				(c)						
2490	7	11		_							
	FICANT COL	VDITIONS C			D		1			-24	
	CONDITION			INAL	FANC	ARDI	415				
20A. DATE OF	OPERATION	1 20B. CO	NOITION	FOR WI	HICH OPERATION WA	AS PERFORM	ED			21. AUTOP	SY? (Yes ar Na)
0 2										Yes	S
Z 22A. EXTER	NAL CAUSE	WAS		22B. PL A	ACE OF INJURY (e.g.,	in or obout 22	C. WHERE DI	D (if in Boltimor	e City, give exc		
UNDERLYING				hame, fo	orm, factory, street, affic	e bldg., etc.) IN	IJURY OCCUR	? ?			
UTING ☐ CA 22D. TIME		Ooy) (Yeo	r) (Hou) 22E.	INJURY OCCURRED	22	F. HOW DID	INJURY OCCU	JR?		
OF INJURY (APPROX.)		, ,	, ,	WHI	LE AT NOT	WHILE					
23.				m. WOF	RK L AT W	ORK L					
	ify that I h	eld an	nquiry [7 1	nspection Au	topsyXX	and that o	n this basis,	death in my	apinion	
			_		ident Suicld		micide 🗌		ned manner [_	
result	red fram: N	latural cat	ises Lu	Acc	Julia Julia				nea manner (_	
ACTUAL	1				2-02-		HIEF MEDICA		NT)		DATE SIGNED
SIGNATI	URE U	in	2/1	>-(M.D).	TANT MEDICA			0	/27/68
EXAMIN NAME (1		rner l	J. Spi	tz,	M.D. >	ASSO	CIATE MEDICA	AL EXAMINER		0,	27700
24A. BURIAL CRE	MATION, 2	4B. DATE		24C.1	NAME of CEMETERY	ar CREMATO	RY 24	D. LOCATION	(City, tawı	n, or county)	(Stote)
REMOVAL (Speci Burial	fy)	8/29/	168		Glen Haven			Glen Bur	nie. Md	. A.	A. Co.
25A. DATE REC'D	RV HEALTH				F REGISTRAR	250 5	UNERAL DIRE			DDRESS	
ZUA. DATE REC D							CAD AD	711			Ave. 21225
	nou	130	0 06	Kryk	5 E. Farbeut	wa /n	Cully	14 ×	271 180	abaco	nvo. KIKK)
S 151-REV 1/1/6F			1 0		() ()	1 11	31	1			

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VS 151-REV. 1/1/68

68- 8834 BALTIMORE CITY HEALTH DEPARTMENT

	M	EDICAL	EXAMINER'S	CERTIFIC	CATE OF	DEATH	REG. NO.	68-	8834
BIRTH NO.									
1. NAME OF DEC (Type or Print)	CEASED			2. DATE OF	Known 🗆	Manth	Day	Year	Hour
LOUI	SE Lee		SHEARS	DEATH	Estimated X	August	26,	1968	UNK M.
	TIMORE, MARYLANI			3. DATE	INCED DEAD	Manth	Day	Year	Haur
FULL NAME OF HOSPITAL	(IF NOT IN HO	SPITAL OR INST OCATION)	TITUTION, GIVE STREET	PRONO	INCED DEAD	August	26,	1968	1:00 P. M.
OR INSTITUTION		-			SIDENCE (Where	deceased lived.		n: residence b	
O St. Ag	nes			A. STATE Mary	land	В, (COUNTY	1	and the same
6. SEX	7. RACE	8. MADD	TED NEVER MARRIED	C. CITY OR		D.	INSIDE.C	TY LIMITS	
fomale	relation			Polt	imore		-	- IXI	
female 9. DATE OF BIRT	white	WIDOW E (In years	If Under 1 Yr. If Under 24 Hrs.		ND NUMBER		YI	ES X	NO [
7. DATE OF BIRT	last bir	thday)	Manths Days Haurs Min.						
		77			S. August	a Avenue			
	State ar fareign count		12. CITIZEN OF	13. FATHER					
	re, Marylan		WHAT COUNTRY?		Whitney				
14A.USUAL OCCL	JPATION (Give kind of	work 14B. KIND	OF BUSINESS OR INDUSTR	Y 15. MOTHE	S MAIDEN NA	ME			
Hou	working life, even if reti	red)							
16. WAS DECEAS	ED EVER IN U.S. AR	MED FORCES	? 17. SOCIAL	18. INFORM	ANT		Α	DDRESS	
(Yes, na ar unknawn	(If yes, give war ar d	ates of service	212-01-2933A	Joseph	M. Shears	. 109 S.	Augus	ta Ave.	,Baltimore
19.	- W		CAUSE OF DEA			, 20, 20	22100111		PROXIMATE INTERVAL
680	1///		CAUSE OF DEA						EEN ONSET AND DEATH
DISEAS	E OR CONDITION	DIRECTLY	Cranio-	cerebra	1 Injury				
	LEADING TO DEATH		(A)IMMEDIATE	CAUSE					
(This daes r	nat mean the made o e, asthenia, etc. It mear	of dying, e.g., ns the disease,	DUE TO, OR	AS A CONSEQ	UENCE OF:				
	mplication which cause								
	NITE CEDENIT CALLEE								
	OR CONDITIONS, IF		DUE TO, OR	AS A CONSE	UENCE OF:				
RISE TO TH	E ABOVE CAUSE (A)	STATING THE							
Z	NG CONDITION LA	51.	(C)						
F F903	0 11								
OTHER SIGN	NIFICANT CONDITION ATH BUT NOT RELATE								
	CONDITION GIVEN		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
20A. DATE O	F OPERATION 20B.	CONDITION	FOR WHICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes ar Na)
								Y X	es
Z 22A. EXTER	NAL CAUSE WAS		22B. PLACE OF INJURY (e.g.,	in ar about 2	2C. WHERE DID	(If in Baltimare C	ity, give ex	act lacation)	0
0	G TOR CONTRIB		hame, farm, factory, street, affic	ce bldg., etc.) 11		Augusta	C+	20.0	0
	(Manth) (Day)	(Year) (Hav	home 1) 22E.INJURY OCCURRED	2	2F. HOW DID IN				
OF INJURY			WHILE AT NOT	WHILE X				hond	
(APPROX.)	8/3/68	UNK	m. WORK AT V	VORK A	Subj. 1	ell, sti	TKTHE	nead	
23.			Inspection Au		Lab-a a	Lin Laure de	-al- 1		
	tify that I held an								
resul	ted from: Natural	causes	Accident X Suici	de 🔲 Ho	micide	Undetermined	manner		
	1.00				CHIEF MEDICAL	EXAMINER _			DATE SIGNED
SIGNAT		010	M.I.	ASSI	STANT MEDICAL	EXAMINER K			
EXAMIN	IFP. 0	II Const			CIATE MEDICAL I	EXAMINER [8/27/68
NAME (U. Spit	M.D.						
24A. BURIAL CRE		TE	24C. NAME of CEMETERY	ar CREMATO	24D.	LOCATION	(City, taw	n, ar caunty	(State)
Cremation		29,1968	Loudon Park C	emetem	Re	ltimore	Mozerl	han	
	BY HEALTH DERT				UNERAL DIRECT	ltimore,		ADDRESS	
ZJA. DATE KEC'D	ACH DE 19	00 11	AME OF REGISTRAR	G.T.	nman Schw	eb. 3512			va., Baltimo:
		1400	and an accordance				Marvl	and. 2	1229
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		6	a my the man		No.				-

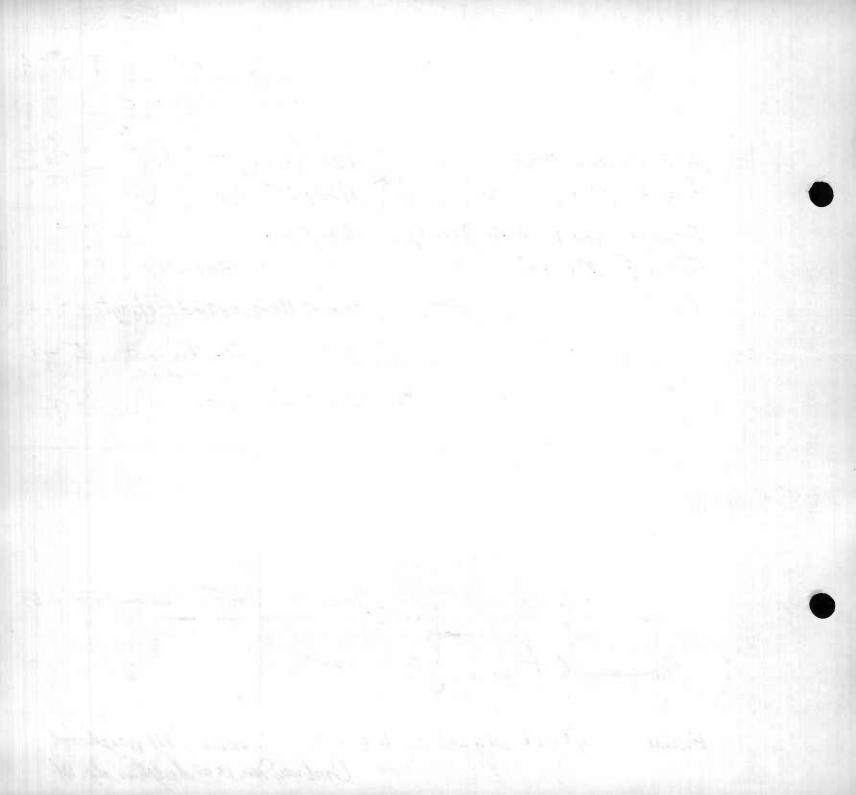
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S. S. Isham

dealines a first and a good or out on an about 40-1 tags by the

VS 150-REV. 1/1/6B

USUAL RESIDENCE Where deceased lived. If institution: residence before admi mo 100 D. INSIDE CITY LIMITS? YES X NO If Unday 1 Yr. If Under 24 Hrs. Hours Min. Months! Doys 12. CITIZEN OF WHAT COUNTRY? ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Baltimare City, give exoct lacation) and that In(my) (eus) opinion death occurred on the date 23B. DATE SIGNED (City, town, or county) (Stote) ADDRESS



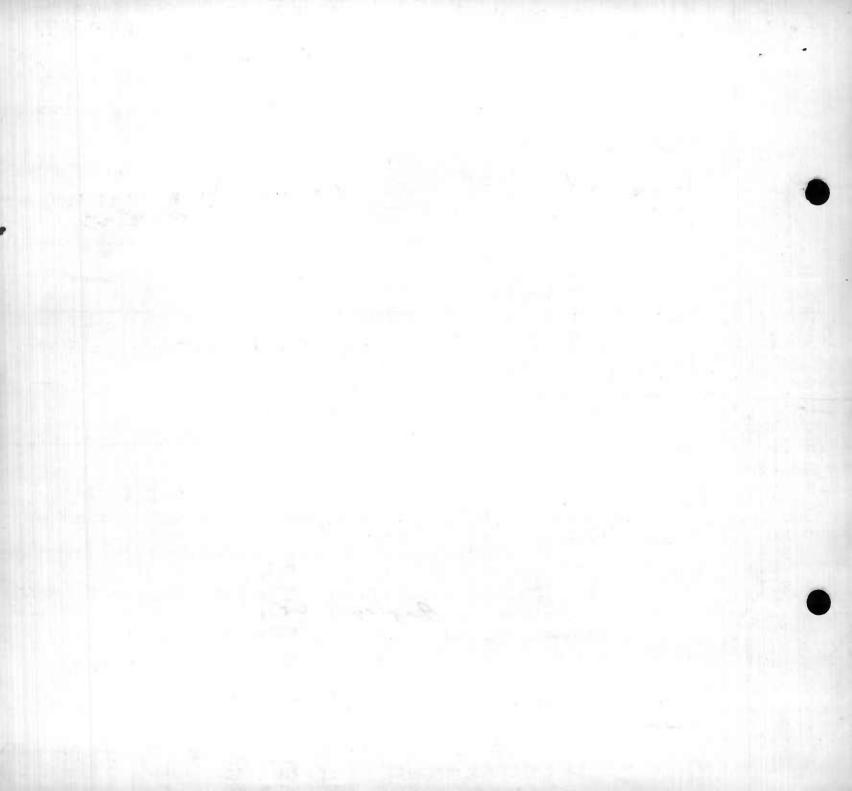
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68- 8836 BALTIMORE CIT	TY HEALTH DEPARTMENT REG. NO.	68- 8836
BIRTH NO.	ATE OF DEATH REG. NO.	0000
T. NAME OF DECEASED (Type or Print) PHILIP DAVIS	2. DATE AND HOUR OF DEATH	18:35 PN
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If inst A. STATE B. COUNTY	itution: residence before odmission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSID	E CITY LIMITS?
43	BALTTMORE E. STREET AND NUMBER	VES NO.
5. SEX GRACE TENERAL HOSPITAL	T73TS. HANOVER ST.	
MALE WHITE WIDOWED DIVORCED	5 A46 15 last birthdoy 53	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
TRUCK DRIVER	PENNA.	U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
EDWARD DAVIS	UNKNOWN	
15. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
WW TT 2T2 T8 3611	Gwendolyn Davis 173T S. Har	nover St. Balto.
18. 4 /2 4 I CAUSE OF DEA	TH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		24.
(A) IMMEDIATE C.	AUSE GANGBENG OF BOWEL S A CONSEQUENCE OF:	× 1475
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	S A CONSEQUENCE OF:	
	40.00	
ANTECEDENT CAUSES (B) PULMO.	NARY EDEMA 20 to ASCVD	8 days
DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION last. (C)		
z 422, / II		
O THE SIGNIFICANT CONDITIONS CONTRIBUTING PREDICT	OTHORAX, LEFT	The second second
V DISEASE OR CONDITION GIVEN IN PART 1 (A).	20 A. AUTOPSY? (Yes ar No) 20 B. IF YES, WERE FIN	NDINGS CONSIDERED
26 AUG-68 GANGLENE OF BOWEL	A O IN CERTIFYING CAUS	SES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	, in or obout 21 C. WHERE DID (If In Boltimore office bldg., INJURY OCCUR?	City, give exact location)
21D. TIME (Month) (Doy) (Yeor) 1Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
While At Not Wi	hile	
Wolk - 21 Wol		
22. I certify that (I) (this haspito) attended the deceased from		
that (I) (we) last saw the deceased alive on 27 446		an death accurred on the da
and haur and from the causes stated obave. (1) (We) (did) (did nat)		
23A. SIGNATURE		23 B, DATE SIGNED
Herbert C. Mendelinka ! BEGREE PI	hys. Director Phys.	27 AUG-68
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	
HERBERT E. MENDELSOHN DEGRE	Ze EE	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C	REMATORY 24D. LOCATION (City,	, town, or county) (State)
	ETERY BATTIMORE MARVI	TAND
BURIAL 8/31/68 MT. OLIVET CEN	ETERY BALTIMORE, MARY	ADDRESS
AUG 29 1968 Palent & Stablema	Westwill 130 F FORT	HUE

Seets Blemme seemed theretare

00 0000	BALTIMORE CITY	HEALTH DEPARTMENT		
68- 8837	CERTIFICA	TE OF DEATH	REG. NO.	68= 8837
BIRTH NO.	CERTITICA			00-0007
NAME OF DECEASED			D HOUR OF DEATH	
(Type or Pint) IVERINGHIM MAI	RTOKIE	8/19	68 645	A
IVERINGHIM MAPLAND, WHERE PRONOUNCE	ED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If ins	stitution: residence before admis
		A. STATE B. COUN	ITY O	0-113
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTIO ADDRESS OR LOCATION)	N, GIVE STREET	Mo Ba	u a	0-03
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSIE	DE CITY LIMITS?
		Balt		YES NO
SINAL HOSP		E. STREET AND NUMBER		то Д
1/2/10/11			WOTR d	
1				
SEX 6. RACE 7. MARRIED 7.	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours M
WIDOWED □	DIVORCED	5/25/20	L18	
0A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUS		/ 1	ian country)	12. CITIZEN OF WHAT COU
done/Buring most of working life, even if retired)				
Kronnesnife		Delana	are	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
	to a second			
15. Was Deceased Ever in U. S. Armed Forces? 16.		17. INFORMANT		ADDRESS
Yes, no or unknown) (If yes, give wor or dates of service)	SECURITY NO.			
18.1/ / 0 4	CAUSE OF DEATH			APPROXIMATE INTERV
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND D
LEADING TO DEATH		- My 1 - 1	· she - Tien	22 da
(This does not mean the made of dying, e.g.,	(A) IMMEDIATE CAU	SE MYOC and ial	1 John	
heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS A	CONSEQUENCE OF:		
injury at complication which coused death.)				
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS IS THE PROPERTY OF	(B)	A CONSEQUENCE OF:		
DISEASES OR CONDITIONS, if any, giving rise to the abave couse (A) stoting the	DOL 10, OR AS	CONTREGUENCE OF.		
UNDERLYING CONDITION last.	(c)			
	\~/			
z /201/ II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
DISEASE OR CONDITION GIVEN IN PART 1 (A).				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICE WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 121B. PLA	CH OPERATION	20 A. AUTOPSY? (Yes or N	208, IF YES, WERE FI	INDINGS CONSIDERED
E O			AT CERTITING CAU	JULY OF DEATH:
U 21A. ACCIDENT WAS UNDERLYING 121B. PLA	CE OF INJURY (e.a., in	or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF home, for	orm, factory, street, off	or obout 21C. WHERE DID ince bldg., INJURY OCCUR?	,,	
DEATH (notify medical examiner) etc.)				
	URY OCCURRED	21F. HOW DID IN.	URY OCCUR?	
21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJ While A	Not While			
(APPROX.)	At Work			
22. I certify that (I) (this haspital) attended the d	leceased from	ml 24	19 68 to an	1 (5 19 6
		1 11	1	
that (I) (we) lost saw the deceased alive an	The !	IY and th	not in (my) (aur) opin	nion death accurred on the
	(a) (did) (did not) vi	iew the body after death.	ered allegated to	
ond haur and fram the causes stated obave. (1) (W	All (and) (and mail) A			LOOP DATE CICHED
	y (Gray (Gray Hall) V			23 B, DATE SIGNED
ond haur and from the causes stated obave. (1) (W 23A. SIGNATURE WILLIAM ONLY ONL		nding - Med -	Shall CAS	23B, DATE STONED
23A. SIGNATURE	Affec	nding Med. Director	Staff Phys.	8/15/68
23A. SIGNATURE (NEWWOOL) 23C. PHYSICIAN'S	DEGREE Phys	Med. Director	Shoff Phys.	4 2
23A. SIGNATURE (NELLWARD) 23C. PHYSICIAN'S NAME (Type)	DEGREE Phys	3D. ADDRESS		4 2
23A. SIGNATURE O'NEWWOLD 23C. PHYSICIAN'S NAME (Type) DANIEL GREENARD	DEGREE Phys	. Director L	Shaff Phys.	4 2
23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) DANIEL GREENSALD 24A. BURIAL CREMATION, 124B. DATE 24C. NAME	DEGREE Phys	BINAL H		4 2
23A. SIGNATURE O'(newal) 23C. PHYSICIAN'S NAME (Type) DAN: EL GREEN-ALD	DEGREE Phys	BINAL H	osp	8/15/68
23C. PHYSICIAN'S NAME (Type) DAN : EL GREEN ALD 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) AUG 27 1968	DEGREE Phys DEGREE OF CEMETERY OF ARE	ATORUMY BUAL	os paragramas	8/15/6 8 CHOOL
23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) DANIEL OR EENGALD 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) AUG 27 1968 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF R.	DEGREE Phys DEGREE OF CEMETERY OF ARE	BINAL H	os paragramas	8/15/6 8 CHOOLADDRESS
23C. PHYSICIAN'S NAME (Type) DANIEL GREENALD 4A. BURIAL CREMATION, 24B, DATE REMOVAL (Specify) AUG 27 1968 5A. DATE REC'D BY HEALTH DEPT. 25B, NAME OF R.	DEGREE Phys DEGREE OF CEMETERY OF ARE	ATORUMY BUAL	os paragramas	8/15/6 8 CHOOLADDRESS
23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) DANIEL GREENALD 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) AUG 27 1968	DEGREE Phys DEGREE OF CEMETERY OF ARE	ATORUMY BUAL	os paragramas	8/15/6 g



68- 8838 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH BEG NI

						LIIMORE CITY H				DEA:	TU		68-	8838	
BID	TH NO.		MEL	ICAL	E A A	AMINER'S	CERTII	TICAT	E OF	DEA	REG	. NO		0000	
1. 1	NAME OF DEC	EASED					2. DATE	Know	/n 🔲	Month	Do	ıy	Year	Hour	
(Typ	NON		CHOON			CHEW	DEATI	4 Estin	nated -	Augu	st 2	23.	1968	UNK	M.
4. 1	PLACE IN BALT	IMORE, MA			NONOUN		3. DATE			Month	Do		Year	Hour	
HO	L NAME OF SPITAL INSTITUTION		T IN HOSPIT. ESS OR LOCA		TITUTION	GIVE STREET		LRESIDEN		Augu		6.	1968	10:30 before odmiss	P.M.
	7/11						A. STATE				B. COU				
6.	411 Wi	7. RACE	treet	B	uso 🗆 .	IEVER MARRIER T		yland OR TOWN			ID. INS	IDE CIT	Y LIMITS?		_
	male		.low	WIDOV	-	NEVER MARRIED		timore					entral .		
	DATE OF BIRTH		10. AGE (I	_	If Under	DIVORCED L	. E. STREE	T AND NL				YE	s X	NO L	
	2	13	lost birthdo		Months ;	Doys Hours Min		l Wils		. /	11	60100	カラ		
-	BIRTHPLACE (S	tote or forei	gn cauntry)	N	12. CITI			ER'S NAM		-	-	6	1		
١.	orob. Ch	ino				T COUNTRY?		UNKNO	WN						
14A	USUAL OCCU	PATION (Gi	ve kind of work	14B. KIND	OF BUS	INESS OR INDUST	RY 15. MOT			ME					
	eduring most of w	orking lite, e	ven itretired)	R	esta:	urant		UNKNO	WN						
16.	WAS DECEASE	D EVER IN	U.S. ARME	FORCES	? 17	. SOCIAL	IB. INFO		Frien	ıd		AD	DRESS	212	23
II	s, na ar unknawn) TIZNI (MINI	(If yes, give	wor ar dotes	af service		SECURITY NO. 96-12-216	R Par				W.Sa	rate	oga S	t.,Cit	
	NKNOWN	15 - 1) ->.			CAUSE OF DE		A	OHIH	1020	11.04		A	PPROXIMATE INT	ERVAL
	PICEACI	OD COM	NITIONI DIDE	CTIV		A set ose f	000100	otio o	ad II.		naire	Cox		VEEN ONSET AN	D DEATH
Н		EADING T	DITION DIRE O DEATH	CILT		Arteri		otic a	па ну	berre	nsive	: Car	.arg-		
	(This does no	ot meon the	mode of dy	ing, e.g.,		(A) IMMEDIATE		XXXXXXX	XX va	scula	r Dis	ease	2		
	heart failure, injury or com	plicotion wh	ich coused de	ath.)											
н	A.N.	NTECEDENT	CALISES			(2)									
	DISEASES C	OR CONDIT	IONS, IF AN	Y, GIVING		DUE TO, O	R AS A CON	ISEQUENCE	OF:						
	RISE TO THE	ABOVE CA	luse (a) sta Non last.	TING THE		(-)									
o	11/1 -					(C)									
¥	OTHER SIGN	IFICANT CO	NDITIONS C	ONTRIBU	TING										
CERTIFICATION			T RELATED TO												
2	20A. DATE OF	OPERATIO	N 20B. CO	NDITION	FOR WH	ICH OPERATION V	VAS PERFO	RMED				-	21. AUTO	OPSY? (Yes ar	No)
ш.	0													no	
<u>8</u>		VAL CAUSE				CE OF INJURY(e.g				(If in Boltin	nare City, g	give exac	et lacation)		
ĕ	UNDERLYING UTING CA				home, to	rm, foctory, street, of	ice bldg., etc	.) INJUKY (OCCUR?						
MEDI	22D. TIME (Day) (Yea	r) (Hou	r) 22E.	NJURY OCCURRED		22F. HO	W DID IN	JURY OC	CUR?				
	OF INJURY (APPROX.)				m. WHIL		WORK	11.5							
	23.											1./ 3			
	1 cert	ify that I I	neld on	Inquiry [<u>lr</u>	spection X A	utopsy	ond	that on t	his basis	s, deoth	in my	opinion		
	result	ed from: 1	Notural cou	ses X	Acci	dent Suic	ide 🗌	Homicide		Undeter	nined mo	nner [
		1		4				CHIEF A	MEDICAL I	EXAMINE	R 🗌			DATE SIGN	ED
	ACTUAL SIGNATI	JE 1100	5219	3/1	7	7	.D. A	SSISTANT	MEDICAL	EXAMINE	R XX				
	EXAMINI NAME (T	ER'S	Werner	U. S	pitz	, /		SOCIATE A	MEDICAL E	EXAMINE	R 🗌			8/27/6	8
	A. BURIAL CREA	AATION,	24B. DATE	,	24C.1	NAME of CEMETER	Y or CREM.	ATORY	24D.	LOCATIO	N (Cit	ty, tawn	, ar caunty	(State	e)
RE	MOVAL (Specif	y) /	0/20	1/18	w .	lower,	10		1./	and!	1000	F	Solt	P	MI
25	DATE PECID	BY HEALTH	DEPT	16 A	IAME OF	REGISTRAR	25	c. FUNERA	U DIPECT	OR OR	TWN	A	DDRESS	.60,-1	K
23			/	1230.	e O	I.O.	23	3/	- 4	. 10	1-	, /	0-	2 11	L
		UG 30	1968	Your	المركاد	, Jankey MA	7	Jew.	77/9	(70)	NEN	10		19110	J'la
VS	151-REV. 1/1/6B			8						6					

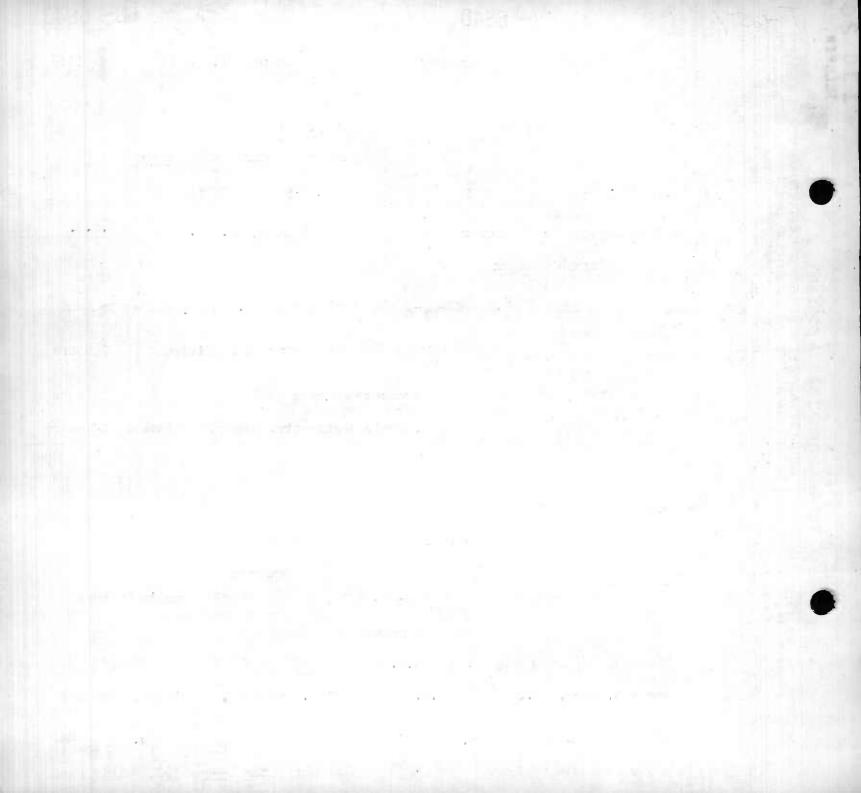
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130 26 JRENPER, JO

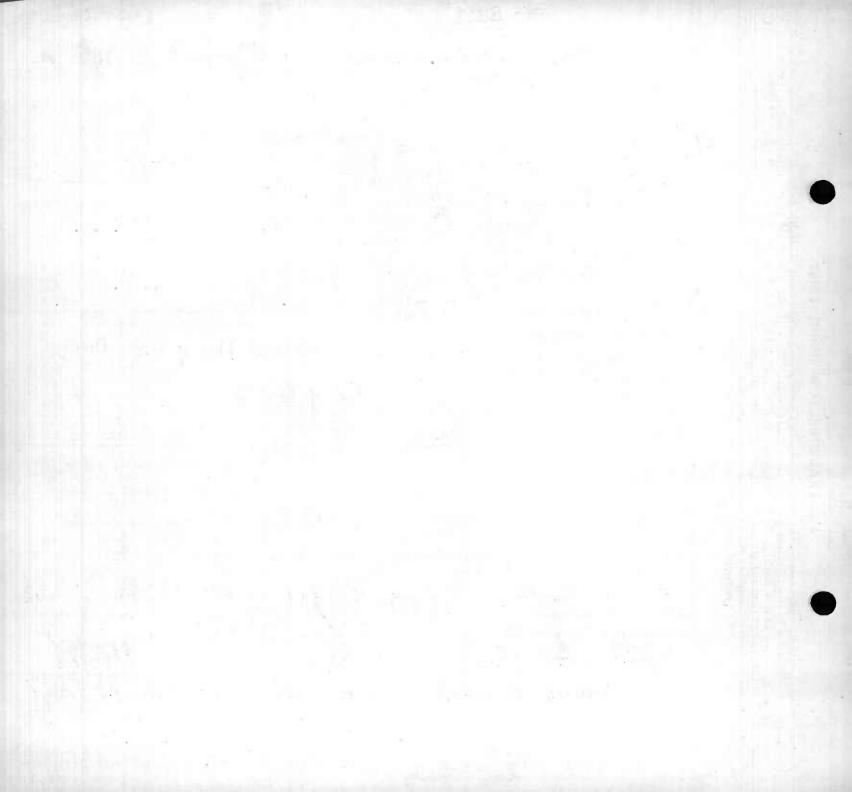
00.10	BALTIMORE	CITY HEA	ALTH DI	PARTM	LENT
68- 8840	CEDTIE	ATE	OF	DEA	TH

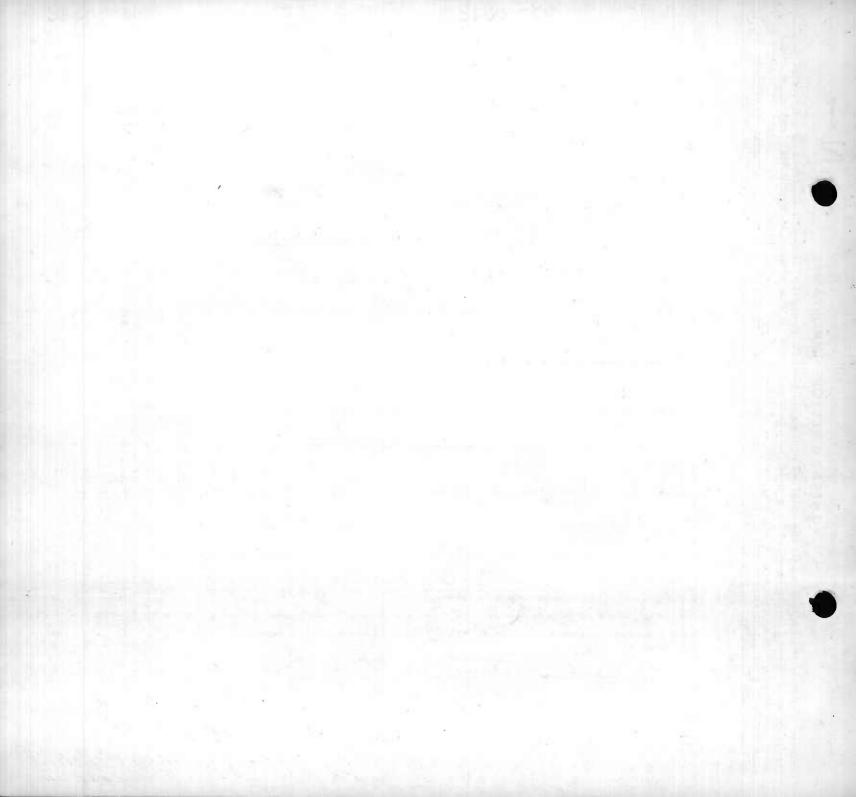
REG.NO.	68-	8840

BIRTH NO.			CERTIFICA	IE OF D	EAIH				
1. NAME OF DEC	EASED			2. DATE AND HOUR OF DEATH					
trype or tilling	Joseph		Tremper	August 26, 1968 1108 p					
3. PLACE IN BA	LTIMORE MARYLAND,	WHERE PRONOL	INCED DEAD	4. USUAL REST	B. COUN	re deceased lived.	If institution:	esidence before admission	
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPI	TAL OR INSTITU	ITION, GIVE STREET	Maryland Balto 53-00 C. CITY OR TOWN					
	Hopkins Hos	pital		Baltimore YES				No	
2.0		PIGGE		E. STREET AND					
33				Box 24	6 Perr	y Hall	21128		
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIR		9. AGE (In years last birthday)	If Unde Months	Pr. 1 Yr. If Under 24 Hrs Doys Hours Min.	
Male	White	WIDOWED [2/12/		89			
	UPATION (Give kind of working life, even if retired)	k 10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or forei	gn country)	12. CITI	ZEN OF WHAT COUNTR	
	enployed	Farm	er	Bal	timore	Co. Md.		U.S.A.	
13. FATHER'S NA				14. MOTHER'S	MAIDEN NA	ME			
	Jogeph T	remper		The state of		Anna Ku	ln n		
15. Wos Decease	Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT			-P	ADDRESS	
Yes, no or unknow	of (If yes, give wor or do	es of service)	SECURITY NO.	12 7 2 3					
No			212-38-0598A	Mrs Flo	rence (Schott	246 Jor	pa Road	
1B.	6 XI		CAUSE OF DEAT	H				APPROXIMATE INTERVAL BETWEEN ONSET AND DEA	
DISEA	SE OR CONDITION D	RECTLY					- 31		
	LEADING TO DEATH		(ANIMMEDIATE CAL	SE Resnir	atory i	lnsufficie	nev	3 hours	
	nol meon the mode o		DUE TO, OR AS	A CONSEQUENCE	OF:	INDULLACIO	1107		
	, oslhenio, elc. Il meon mplicolion which couse								
injuly of col									
7.4	ANTECEDENT CAUSE	5	(8)	opneumon i				2 days	
	OR CONDITIONS, if		DUE TO, OR AS	A CONSEQUENC	E OF:				
	e obove couse (A) G CONDITION lost.	sloling lhe	Chroni	c obstruc	tive pu	akmonary D	isease	20 years	
ONDERETH	o condition lost.		(C)						
TO THE DEA	FICANT CONDITIONS CO	THE TERMINAL	. 00 0000000000000000000000000000000000					*******************************	
			WHICH OPERATION	20A. AUTOPSY? (Yes or No. 20B. IF YES, WERE FINDING IN CERTIFYING CAUSES OF				CONSIDERED DEATH?	
U 21A. ACCIDE	NT WAS UNDERLYING	218.	PLACE OF INJURY (e.g., i	n or obout 21 C. W	HERE DID			ve exoct location)	
	uting Cause Of y medical examiner)	o hom	e, form, foctory, street, of		CXXXX				
O 21D. TIME	(Month) (Doy) (Year	(Hour) 21E.	INJURY OCCURRED	21 F. H	OW DID INJ	URY OCCUR?			
S OF INJURY	XXXXXX		le At Not Whil		XXXXX	CXX			
		Wol							
22. I certify	that (1) hthis to exit	attended th	ne deceased from on	8/26.		1968 taxx	XXXXXXX	XXXXX 19	
			8/26/						
						1, 3252,			
	- · - · · · · · · · · · · · · · · · · ·	ited obave. (I) (Me) (did) (didence)	riew the bady o	mer geoth.		0-0 5	TE SIGNED	
23A. SIGNAT	UKE O/					c. # ==		TE SIGNED	
The	rige N-X	ecr	M. D. After Phy		irector	Staff X	8/26	68	
23C. PHYSICI.	AN'S	1		23D. ADDRESS					
Georg	ge H. Sack, J	ree	M.D.	601 N.	Broads	yay, Balti	more. N	farvland	
	EMATION, 24B. DATE		DEGREE			OCATION	(City, town,		
Burial	0 00	1068	t. Joseph's C	omet evu	B.	altimore	Co.	Md	
25A. DATE REC'I	BY HEALTH DEPT.	258. NAME C	F REGISTRAR	25C. FUNER	AL DIRECTOR		00.	ADDRESS	
Δ	UG 30 1968	DO . B.	E. Farbura	The	- h-A	11	I OT B T	ata D	
VS 150-REV. 1/1/		A CASTA		Lassan	merune	ral Home 7	HUL Be	lair Koad	
A 2 130-KE A . 1/ 1/	.00								



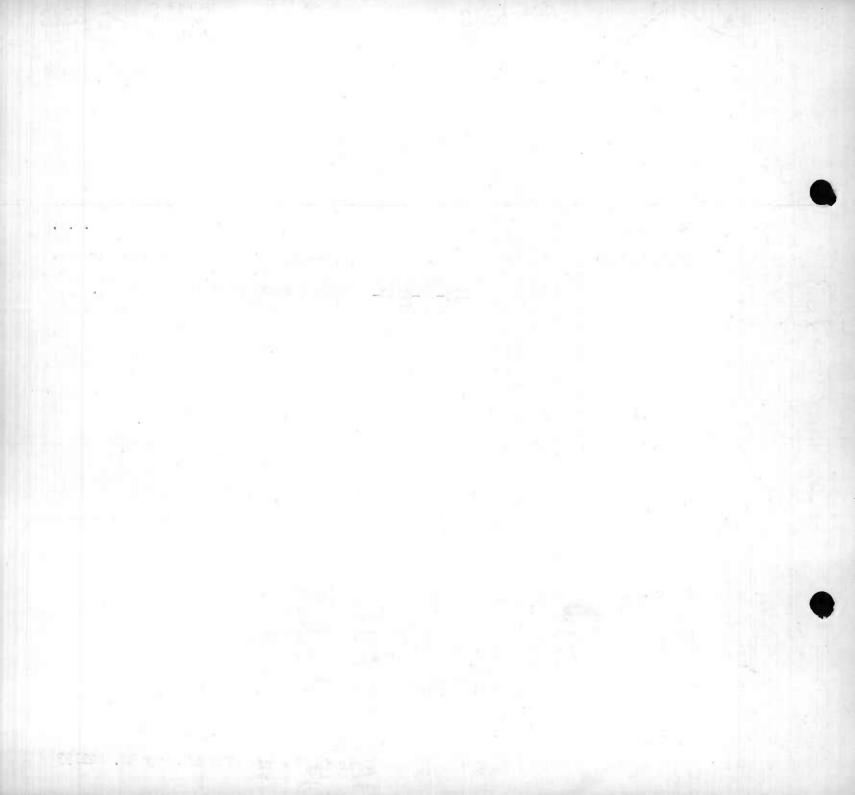
		6.	8-884	BALTIMORE CITY			100	68- 8841	
DIDTI	NO		0 004	CERTIFICA	TE OF D	EATH	REG. NO.	00 0041	
	AE OF DECE	ASED MISS	GRACE	M. PORT	ER	2. DATE AND	27/1869	11115 A.	
3. PLA	CE IN BALT	IMORE, MARYLAND, W	HERE PRONOUN	CED DEAD	4. USUAL RESI	DENCE Where	deceased lived, thin:	stitution: residence before admiss	
HOSPI	NAME OF TAL OR	IIF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTION	ON, GIVE STREET	Mar c. CITY OR TOV	ryland WN	Balla D. INSII	Co 53-00	
P.		od Convale	scent H	ome		timore	Cty	YES NO	
11) Ed	mondson Au	enue		E. STREET AND	NUMBER		21228	
1		ltimore, M					ood Road-	-Catonsville,	
SEX		6. RACE		NEVER MARRIED	B. DATE OF BIR	lo	AGE (In years ast birthdoy)	If Under 1 Yr. If Under 24 I Months Doys Hours Min	
	iale	White	WIDOWED	DIVORCED	4/18/		71	IN CITATION OF WHAT COUNTY	
		PATION (Give kind of worl rorking lile, even if retired)						12. CITIZEN OF WHAT COUN	
L	ishwa	sher	Hospit	al	Earlui	ille, I	owa	U.S.A.	
	THER'S NAM				14. MOTHER'S	MAIDEN NAM	E	11114 1 1 1	
		Harry Por	ter		Mari	Leiby	/		
5. Wo	s Deceased	Ever in U. S. Armed For III yes, give wor or dote	ces?	SOCIAL SECURITY NO.	17. INFORMANT	Co	tonsville	3, Md. ADDRESS 1228	
	10	ar yes, give wor or dore	22	0-30-2429	George	W. Vec	ich-29 Br	iarwood Rd.	
18.	1 C/A	V		CAUSE OF DEAT	0			APPROXIMATE INTERVA	
	DISEAS	E OR CONDITION DE	RECTLY					BETWEEN ONSET AND DE	
		LEADING TO DEATH		(A) IMMEDIATE CAL	ISE C	rminal	phrs of C	252 Months.	
he he	his does no earl failure,	ol meon the mode of asthenia, etc. It meons	dying, e.g., The diseose,	DUE TO, OR AS	A CONSEQUENCE	E OF;			
injury or complication which caused death.)									
	Δ	INTECEDENT CAUSES		(B)	Ch of Cervix 1				
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR A					S A CONSEQUENCE OF:				
		CONDITION lost.	stolling life	(C)					
	171X	11							
		CANT CONDITIONS CO						A STATE OF THE STA	
V DI	SEASE OR CO	ONDITION GIVEN IN PAR		ICH OPERATION	20 A. AUTOPS	SY? Yes or No!	20B, IF YES. WERE	INDINGS CONSIDERED	
ERTIFIC 13)	WAS PER	FORMED		AUTO!		IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?	
U 21	A. ACCIDEN	T WAS UNDERLYING	21 B. PL	ACE OF INJURY le.g.,	n or obout 21 C. W	HERE DID	(If In Boltimore	e City, give exoct locotion)	
4 DI		TING CAUSE OF medical examiner	home, etc.)	form, foctory, street, o	ince bidg., INJUR	T OCCUR?			
D 21	D. TIME	(Month) (Day) (Year)	(Hour) 21E, IN	IJURY OCCURRED	21 F. H	OW DID INJU	RY OCCUR?		
	PPROX.)		While		e 🗍				
			Work		17:	. 1	08 to 8/	27/ 1968	
		that (1) (this haspita		X / 27 /	10 / Y	7 1			
that (1) (we) last saw the deceased alive an 19 0 and that in (my) (aur) apinion death accurred an the date									
and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death.									
23	A. SIGNATU	ZO Am	me me is	ДН	onding N	Aed. 🖂 S	Staff	23B. DATE SIGNED	
		7144 104		DEGREE Phy	s. 🔼 D		Phys.	0/21/00	
23	NAME IT	(be) AdNAN	SONA	1EZ	23D. ADDRESS	redevic	k Kd. B.	14. MJ. 5155 X	
24A. B	URIAL CREA	MATION, 248. DATE	24C. NAM	E OI CEMETERY OF CR	EMATORY	24D. LO	CATION (Ci	ty, town, or county) (State	
,	Bur		68 Woo	dlawn Ceme	etery	Ro	altimore,	Md.	
25A. C	DATE REC'D.	BY HEALTH DEPT.	25B. NAME OF						
	A	UG 3 0 1968	120. BS	Fr. Q. 44	Sterli	ing Fur	neral Esta	ate of Catons	
\$ 150	D-REV. 1/1/6		A POPULAR OF A		8			- vitt	





VS 150-REV. 1/1/68

D. INSIDE CITY LIMITS? NO If Under 1 Yr. Months: Days If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. (not sure of name) ADDRESS Rd 21207 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH (If in Saltimore City, give exact location) and that in (my) (our) opinion death occurred on the date 23B, DATE SIGNED (City, town, or county) (Stote)



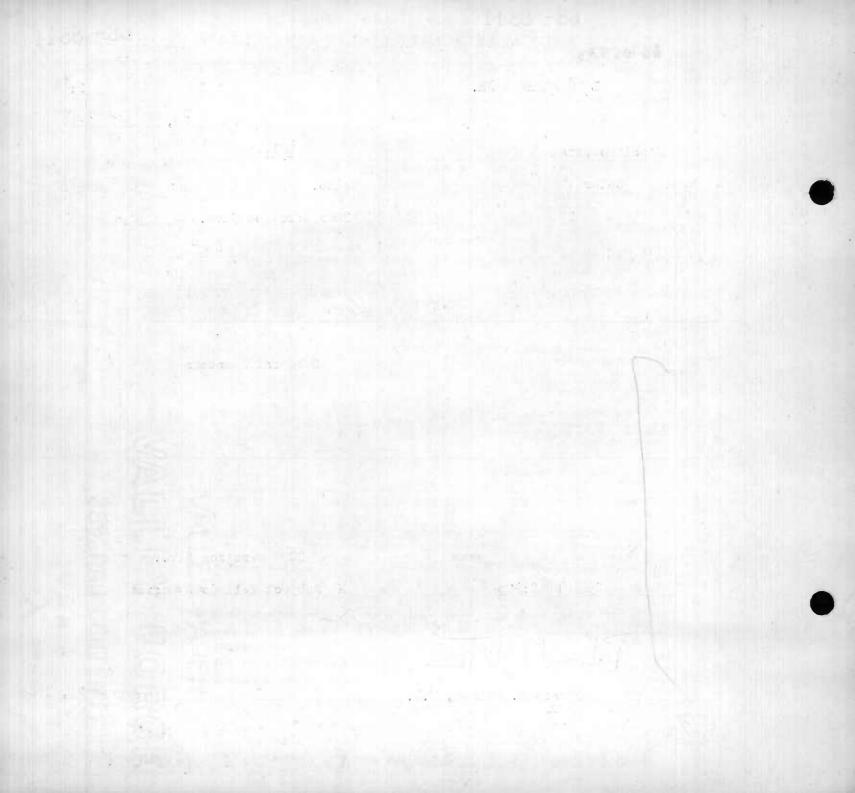
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68- 8844 BALTIMORE CITY HEALTH DEPARTMENT

ATH	REG	NO	68-	8844

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3.	3	4	yes

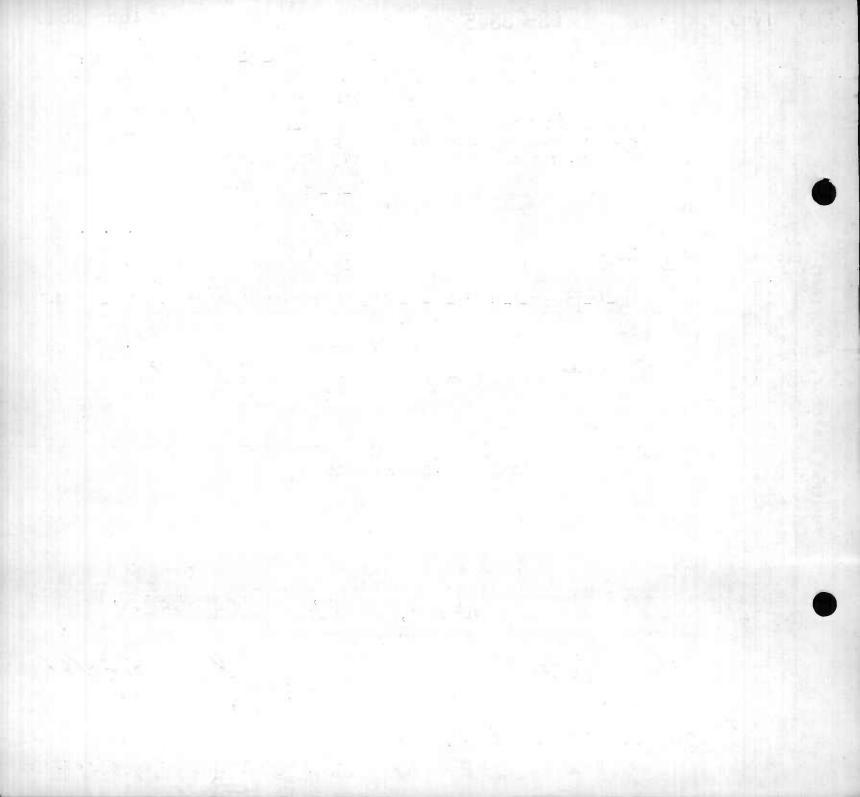
BIRTH NO. 66	05533 MED	ICAL EX	CAMINER'S	CERTIFICATE OF DEATH REG. NO.	00 0044
1. NAME OF DECE				2. DATE Known Month Doy	Year Hour
(Type or Print)	LEON MA	DISON JR	•	DEATH Estimoted 8 20	68 2:10 рм.
4. PLACE IN BALTI	MORE, MARYLAND, W			3. DATE Month Doy	Yeor Hour
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA		ON, GIVE STREET	PRONOUNCED DEAD August 20. 5. USUAL RESIDENCE (Where deceased lived. If Institution	1968 2:10 p M
42 Sine	ai Hospital			A. STATE B. COUNTY Maryland	
6. SEX	7. RACE	B. MARRIED	NEVER MARRIED	C. CITY OR TOWN D. INSIDE C	ITY LIMITS?
Male				Balto.	ES NO P
9. DATE OF BIRTH	9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.				
11. BIRTHPLACE (Ste	ate or foreign country)	12. C	ITIZEN OF	2808 Garrison Blvd.	
_ ma	ryland		HAT COUNTRY?	Leon madison	
	ATION (Give kind of work orking life, even if retired)	14B. KIND OF E	USINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME	
	D EVER IN U.S. ARMED If yes, give wor or dates		17. SOCIAL SECURITY NO.	Leon Madison 280	DDRESS Savisenane
19.	CA. V		CAUSE OF DEA	ATH	APPROXIMATE INTERVAL
PICEACE	OR CONDITION DIRE	CTIV			BETWEEN ONSET AND DEATH
	EADING TO DEATH	CILY	(A)IMMEDIATE	CAUSE Subdural hematoma	
heort failure, o	t meon the mode of dy asthenio, etc. It meons the alication which caused dec	diseose,		AS A CONSEQUENCE OF:	
	TECEDENT CAUSES R CONDITIONS, IF ANY	CIVING	(B)	AS A CONSEQUENCE OF:	
RISE TO THE	ABOVE CAUSE (A) STA	TING THE	502 10, 5K	AS A SONSEQUENCE OF.	
Z	G CONDITION LAST.		(C)		nn aga nn agus consecuence ann 🗳 gan (A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-
O THE DEAT	FICANT CONDITIONS CO THE BUT NOT RELATED TO CONDITION GIVEN IN PA	THE TERMINAL			000h 000h 000 noon 000 000 000 000 000 000 000 00
20A. DATE OF	OPERATION 20B. CO	NDITION FOR	WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
0					YES
	AL CAUSE WAS	22B. P	LACE OF INJURY(e.g.,	in or about 22C. WHERE DID (If in Baltimore City, give ex	
UNDERLYING	OR CONTRIB-		, tarm, toctory, street, offic Home	2808 Garrison Blvd.	15 38
≥ 22D. TIME (N	Aonth) (Doy) (Year		E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.) 8	20 68	2:00pm. W	HILE AT NOT	WORK K Subject fell down sita	ire
23.		- 100 Hill II	OIII	Bab Jeer Tell down b La	115
I certif	y that I held an I	nquiry 🗌	Inspection Au	otopsy 🔼 and that an this basis, death In my	apinion
resulte	d from: Natural cau	ses . A	gident Suici	de 🗌 Hamicide 🔲 Undetermined manner	
	12/	2117		CHIEF MEDICAL EXAMINER	DATE SIGNIED
ACTUAL	- trows	JOVV	M.E	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINE	,	-	, m. L	ASSOCIATE MEDICAL EXAMINER	
NAME (Ty	pe) Edwar	d F. Wil	SON M.D.		August 21, 1968
24A. BURIAL CREM. REMOVAL (Specify	ATION, 24B. DATE	/ 240	NAME OF CEMETERY	or CREMATORY 24D. LOCATION (City, tow	n, or county) (Stote)
12mg	al 5/29	168	nufle	wown /sellen	rae me
25A. DATE REC'D B	UG 30 1968		E. Farkey		ADDRESS 6614/Bana
VS 151-REV. 1/1/68	7 0 0 1500	4 College	C, Coursey w	musi ce pag	1



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

VS 150-REV. 1/1/68

		00	00	BALTIMORE C	ITY HEALT	H DEPARTMENT		68	8- 8845
BIRTH NO.		99.	- 884	15 CERTIFIC	CATEC	F DEATH	REG. NO	00	0040
1. NAME OF (Type or Print						2. DATE A	ND HOUR OF DEAT	Н	4- 4-
	والالاللاللالالا						7-68		10:15
PLACE IN	BALTIMORE, MAI	RYLAND, WI	HERE PRONO	UNCED DEAD	11		ere deceased lived. If NTY	institution; e	idence before odmi:
LL NAM DSPITAL C STITUTION	OF (IF NOT ADDRES	IN HOSPITA	L OR INSTIT	UTION, GIVE STREET		yland or town	1 =	Contraction of the contraction o	\sim
MOITUTITZ				ion Hospital		timore	10	YES X	NO 🗌
23	3900 Loc					ET AND NUMBER		150 (2)	.,,,
	Baltimor	e, Mar	yland :	21218	90"	Valley St	reet		
ale	6. RACE Negro		MARRIED WIDOWED	NEVER MARRIED [DIVORCED [8-91	9. AGE (In years lost birthday)	If Under Manths D	Yr. If Under 24 Days Haurs M
	ost of working life, eve		108, KIND O	F BUSINESS OR INDUS	TRY 11. BIRT	itleu	ta Lloy		A.
FATHER'S	NAME				14. MO	THER'S MAIDEN NA	ME /		
harli	e Miller				Cir	ndy McCrear	У		
. Wos Dec	eased Ever in U. S.	Armed Forc	es? of service)	1 6. SOCIAL SECURITY NO.			spital Reco		ADDRESS
les		18 to		217-07-11-2	6 3900	Loch Rave	n Boulevar	d, Balto	, Md 2121
1B. 4	33 91	1-2	50,	CAUSE OF DE	ATH			BE	APPROXIMATE INTERT
D	ISEASE OR CONE		ECTLY		Cor	achnol Thro	mbosis		10 Dates
	ses nal meon the	mode of		DUE TO, OR	AS A CONSE	rebral Thro	eriosclero	E1 C	10 Days
	ilure, osthenia, etc r complication whi					rebrovascul		220	
	ANTECEDEN	T CAUSES		/n)					
	S OR CONDITI				AS A CONS	EQUENCE OF:			
	the above c		staling the	(c)					
33	2X 11						165.7		
TO THE	GNIFICANT COND	LATED TO TH	E TERMINAL	Diabet	es Mell	itus			
	OR CONDITION GI	19B. CONE	ITION FOR	WHICH OPERATION	20 A.	AUTOPSY? (Yes or N	o) 208. IF YES, WER	E FINDINGS C	ONSIDERED
0		WAS PERF	DRMED			No	o) 208. IF YES, WER	CAUSES OF DE	ATH?
OR CON	CIDENT WAS UND TRIBUTING CAU (notify medical exam	DERLYING DISE OF	21E hor etc	B. PLACE OF INJURY (e. me, farm, factory, street	g, in or abou , office bldg.	21C. WHERE DID	(If in Baltin	nore City, give	exoct lacation)
21 D. TIM		ay) (Yeor)	(Haur) 21 E	. INJURY OCCURRED		21F. HOW DID IN	JURY OCCUR?		
OF INJU			WH		While				
22. I ce	rtify that 🖔 (thi	s haspital)		the deceased fram		15.	19 68 to Au	gust. 27	19_6
				August 27					
				(Me) (qiq) (Mid)					
23A. SIG		11						23 B. DATE	SIGNED
The	Ewer / /	1881		DEGREE	Attending Phys.	Med.	Staff Phys.	8/	28/68
23C. PHY	SICIAN'S ME (Type)	1		DEGREE	23 D. ADI	PRESS 3900 Lo	ch Raven B	oulevard	1
HEW				MD	REF		re, Marylan		
A. BURIAL	CREMATION, 245	DATE /	24C. N	AME of CEMETERY OF	CREMATOR'			(City, town, ar	
Du	real 8	130/6	8 75	alte. Na	t. Ce	w. Z	Palto:	Me	uslaw
SA. DATE	EC'D BY HEALTH	DEPT.	2SB. NAME	OF REGISTRAR	25C	EUNERAL DIRECTO	R	10- 11	ADDRESS
	Aub 30	1968	(12 0. 6	5 7 ATA MANA	A /	11/1/1	1 sal Red -1	X7711	IRANTI

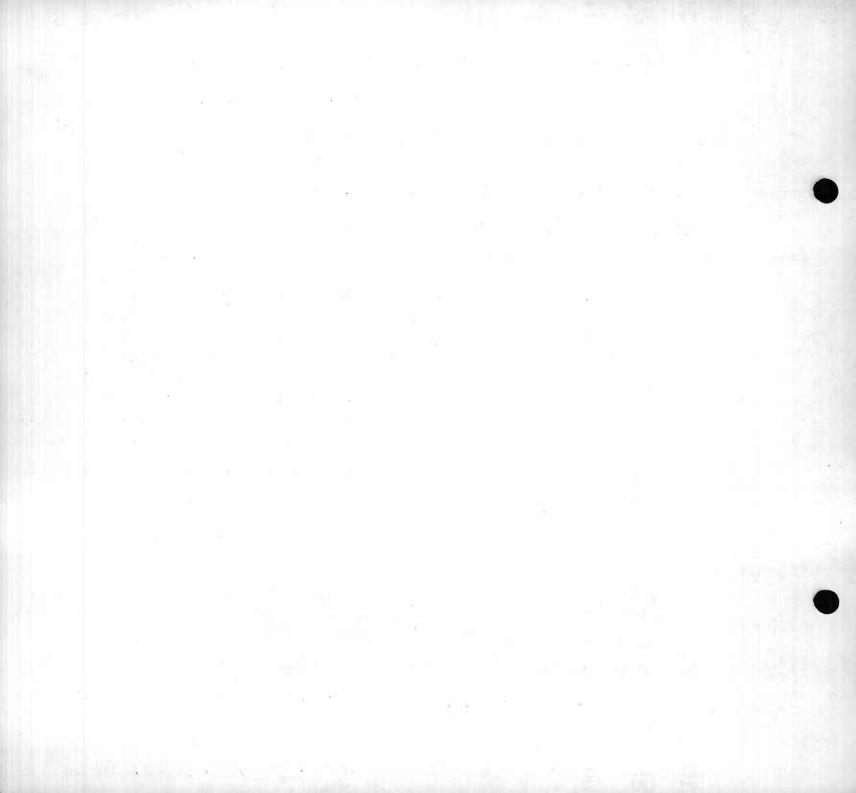


IMPORTANT

DIRECTOR:

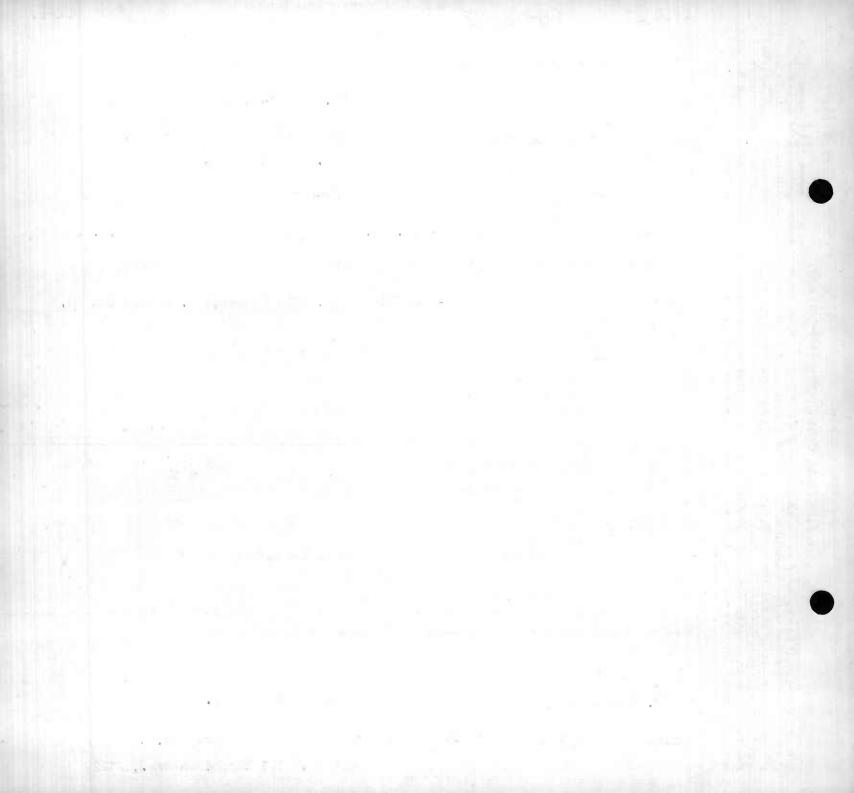
FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT



IMPORTANT

FUNERAL DIRECTOR:



BIRTH I	E OF DECE	ASED					2. DATE AND	D HOUR OF DEA	ATH	
(Type o		KORN	, NNAMI	MASO	N H.		AUG	UST 29,	1968	
3. PLA	CE IN BALTI	MORE, MARYLA	AND, WHER	E PRONOUN	CED DEAD	4. USUAL RE	B. COUNT	deceased lived.	If institution:	residence b
	NAME OF	(IF NOT IN ADDRESS O	HOSPITAL O	OR INSTITUTI N)	ON, GIVE STREET	MARYL,	NWC	D.	INSDECTIV	
4	0	ST. AG	NES HO	SPITA	L	E. STREET AN	ND NUMBER	TA AVE.	YES X 21229	
5. SEX	10	. RACE	7. 1	MARRIED	NEVER MARRIED	B. DATE OF B	IRTH 9	AGE (In years		er 1 Yr., I
MA	LE	WHITE		IDOWED [DIVORCED	07/02	/90	78	Months	Days H
IOA. US	UAL OCCUI	ATION (Give kind	d of work 10B	KINDOF	USINESS OR INDUSTRY	11. BIRTHPLA	CE (State or foreig	gn country)	12. CIT	ZEN OF W
		VICE PR			A BUILDING				U	.S.A.
	HER'S NAM			E. 1			S MAIDEN NAM			
		ORNMANN						R KORNMA	ANN	
15. Was (Yes, no	or unknown)	ver in U. S, Am If yes, give war	med Forces? r ar dotes af	service)	6. SOCIAL SECURITY NO.	17. INFORMAL	NT			ADDRESS
NC	NE			2	15-05-8762	ST.	AGNES H	OSPITAL	RECOR	DS
	is does no	I mean the me	ade of dvi	ng. e.a.	(A) IMMEDIATE CA	USE (AVC I V	CE OF	2		
CAL CERTIFICATION VAID SIGNATURE AND SIGNATURE AND SIGNATURE SIGNATURE AND SIGNATURE SIGN	ASEASES OF EACH OF THE DEATH CASE OF CONTRIBUTANT (notify	WAS UNDERLING CAUSE	means the caused deal AUSES S, if any, e (A) states NS CONTR ED TO THE TI NIN PART 1 PR. CONDITI AS PERFOR	disease, alh.) giving ting the IBUTING ERMINAL (A). ON FOR WH	(B) CONTINUE (C) FIS FOR AS	A CONSEQUEN S A CONSEQUE A S + CONSEQUE 20A. AUTO Nin of about 21C. office bldg., INJU	Ape 6	20B. IF YES, WI IN CERTIFYING	ERE FINDING CAUSES OF	DEATH?
MEDICAL CERTIFICATION 40 50 10 10 10 10 10 10 10 10 1	ASEASES OF E THE STATE OF CONTRIBUTATH (CONTRIBUTATH (CONT	SIDENIA, etc. II lication which NTECEDENT C CONDITION: abave cause CONDITION II CANT CONDITION BUT NOT RELATI NOTING GIVEN OPERATION 19 W T WAS UNDER	means the caused deal AUSES S, if any, e (A) states NS CONTR ED TO THE TI NIN PART 1 PR. CONDITI AS PERFOR	giving ling the libuting erminal (A). ON FOR WHMED 21B. PL home, etc., out	(B) CONTINUE (C) FIS FOR AS	20A. AUTO 20A. AUTO 20A. AUTO in of about 21C. office bldg., INJU 21F.	Ape 6 NCE OF: VIOVALIS PSY? (Yes or No) VO WHERE DID	20B. IF YES, WI IN CERTIFYING	CAUSES OF	DEATH?
MEDICAL CERTIFICATION 40 40 40 40 40 40 40 40 40 40 40 40 40	ASEASES OF E TO THE DEATH OF THE	SIDENIA, etc. II lication which NTECEDENT C CONDITION above cause CONDITION II COND	means the caused deal AUSES S, if any, e (A) states NS CONTR TED TO THE TI NIN PART DR. CONDITI AS PERFOR!	disease, alh.) giving ling the IBUTING ERMINAL (A). ON FOR WH MED 21B. PL home, etc.]	(B) COVING (B) DUE TO, OR AS (C) FISTO (C	A CONSEQUENT OF A CONSEQUENT O	Afre 6 NCE OF: VIO VA 1 S OPSY? (Yes or No) WHERE DID ORY OCCUR?	20B. IF YES, WI IN CERTIFYING (If in Bali	CAUSES OF	DEATH?
MEDICAL CERTIFICATION OFFORM OTHER STATES OTHER	ASEASES OF E THE REASE OF CONTRIBUTATH (notify to the last) A. ACCIDEN. CONTRIBUTATH (notify to the last) D. TIME INJURY PPROX.) I certify to the last of the l	SIhenia, etc. II lication which NTECEDENT C R CONDITION: abave cause CONDITION II CANT	means the caused deal AUSES S, if any, e (A) states AS CONTR EDITO THE TENT OF THE TENT	disease, alh.) giving ling the IBUTING ERMINAL (A). ON FOR WH MED 21B. PL hame, etc.) While Work tended the live an A	(B) CONTINUE (C) FISTO (C) FIST	20A. AUTO 20A. AUTO 20A. AUTO 10 of about 21C. 11 of about 21C. 21F.	A STATE OF S	20B. IF YES, WI IN CERTIFYING (If in Bali	AUGUST	ve exact lac
MEDICAL CERTIFICATION OFFORM OTHER STATES OTHER	ASEASES OF E TO THE REASE OF CONTRIBUTANT (CONTRIBUTANT) A. ACCIDEN' CONTRIBUTANT (CONTRIBUTANT (CONTRIBUTANT) A. ACCIDEN' CONTRIBUTANT (CONTRIBUTANT (CONTRIBU	SIhenia, etc. II lication which NTECEDENT C R CONDITION: abave cause CONDITION II CANT	means the caused deal AUSES S, if any, e (A) states AS CONTR EDITO THE TENT OF THE TENT	disease, alh.) giving ling the IBUTING ERMINAL (A). ON FOR WH MED 21B. PL hame, etc.) While Work tended the live an A	(B) COVING DUE TO, OR AS (C) FIS FOR (C) F	20A. AUTO 20A. AUTO 20A. AUTO In of about 21C. office bldg., INJU 21F. 19 View the body	After death.	20B. IF YES, WI IN CERTIFYING (If in Balt JRY OCCUR?	AUGUST apinian dec	29 ath accurr
MEDICAL CERTIFICATION ALTO THE CALL OF TH	ASEASES OF EACH OF THE DEATH FEASE OF CO. A. A. C. DATE OF CO. DAT	SIhenia, etc. II lication which NTECEDENT C CONDITION abave cause CONDITION II CANT CANT CANT CANT CANT CANT CANT CANT	means the caused deal AUSES S, if any, e (A) states AS CONTR EDITO THE TENT OF THE TENT	disease, alh.) giving ling the IBUTING ERMINAL (A). ON FOR WH MED 21B. PL hame, etc.) While Work tended the live an A	(B) COVINA (B) DUE TO, OR AS (C) FIS FOR	20A. AUTO 20A. AUTO in or about 21C. ffice bldg., INJU 21F. le	Appendix Control of the control of t	20B. IF YES, WI IN CERTIFYING (If in Balt URY OCCUR? 9 68 ta	AUGUST apinian dec	29 ath accurr
MEDICAL CERTIFICATION NOTION	ASEASES OF E TO THE PROPERTY OF THE PEATH ATH (I) (we) I dhour and C. PHYSICIAN NAME (Ty)	SIhenia, etc. II lication which NTECEDENT C CONDITION abave cause CONDITION II CANT CONDITION BUT NOT RELATING CAUSE IN	means the caused deal AUSES S, if any, e (A) states AS CONTR EDITO THE TENT OF THE TENT	disease, alh.) giving ling the IBUTING ERMINAL (A). ON FOR WH MED 21 B. PL hame, etc.) while work tended the live an A abave. (i) ((B) CONTINUE DUE TO, OR AS (C) FISTO ICH OPERATION ACE OF INJURY (e.g., farm, factory, street, continue) At Wark deceased fram UGUST 29 (We) (did) (did nat)	20A. AUTO 20A. AUTO 20A. AUTO In of about 21C. office bldg., INJU 21F. 19 View the body	Appendix Control of the control of t	208. IF YES, WI IN CERTIFYING (If in Balt JRY OCCUR? 9 68 ta A at in (my) (our) Shoff A	AUGUST apinian dec	29 ath accurr
WEDICAL CERTIFICATION MEDICAL CERTIFICATION	ASEASES OF E TO THE PROPERTY OF THE PEATH ATH (I) (we) I dhour and C. PHYSICIAN NAME (Ty)	SIDENIA, etc. II lication which NTECEDENT C CONDITION above cause CONDITION II CANT CONDITION BUT NOT RELATING CAUSE IN CAUSE (Month) (Day) T WAS UNDERL'ING CAUSE (Month) (Day) That (I) (this he ost saw the defram the cause E	means the caused deal AUSES S, if any, e (A) states NS CONTR TED TO THE TILL NIN PART I	giving ling the libuting eran Aabave. (1) (1)	(B) COVINA (B) COVINA (C) FIS FOR (C) FIS	20A. AUTO 20A. AUTO 20A. AUTO 21F. 19 View the body 23D. ADDRESS STAGN BALTO	DES HOSI	20B. IF YES, WI IN CERTIFYING (If in Balt URY OCCUR? 9 68 ta	AUGUST apinian dec	29 ath accurr
MEDICAL CERTIFICATION	ASEASES OF E TO THE DEATH LEASE OF CONTRIBUTANT (I) (we) I dhour and C. PHYSICIAN DR SA JIPIAL CREM	SIhenia, etc. II lication which NTECEDENT C CONDITION: above cause CONDITION II CANT	means the caused deal AUSES S, if any, e (A) states INS CONTRIBLED TO THE TIME TO THE TI	disease, alh.) giving ling the IBUTING ERMINAL (A). ON FOR WH MED 21 B. PL hame, etc.] Hour? 21 E. IN While Work Itended the live an A abave. (I) ((B) CONTINUAL (C) DUE TO, OR AS (C) FISTO	20A. AUTO 20A. AUTO 20A. AUTO in of about 21C. office bldg., INJU 21F. 19 view the body 23D. ADDRESS STAGN BALTO EMATORY metery	DES HOSI MEC OF: WOOVALIS PSY? (Yes or No) WHERE DID JRY OCCUR? HOW DID INJU After death. Med. Director NES HOSI MD 212 Bal	20B. IF YES, WI IN CERTIFYING (If in Balt URY OCCUR? 9 68 ta	AUGUST apinian dec 23B. DA 08 ATON & (City, town,	29 ath accurr 29 6 WILK

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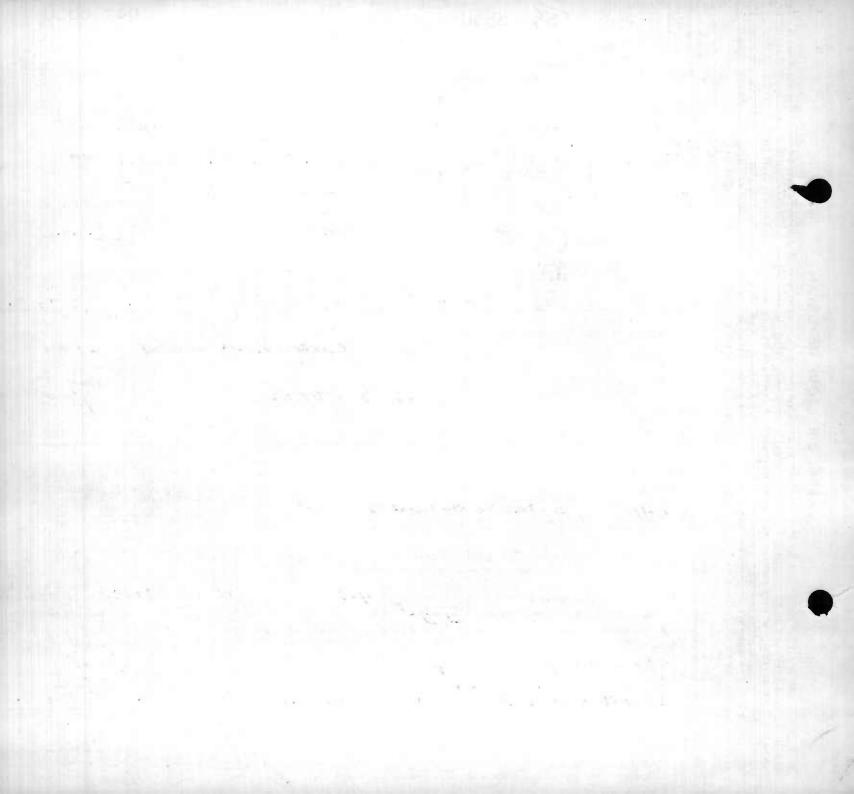
VS 151-REV. 1/1/68

MEDICAL EVAMINED'S CEDTIFICATE OF DEATH

	NAME OF DECEASED			2. DATE Known Month Doy	Yeor Hour			
	GEORGE	R.	TOWLES	OF DEATH Estimoted X August 27,	1968 2:20 A. _{M.}			
	PLACE IN BALTIMORE, MAR			3. DATE Month Doy PRONOUNCED DEAD	Yeor Hour			
H		S OR LOCATION)	IUIION, GIVE SIKEEI	August 27,	1968 7:30 A. _{M.}			
4				5. USUAL RESIDENCE (Where deceosed lived. If Institution. STATE B. CQUNTY	on: residence before odmission)			
1	SEX 7. RACE			Maryland C. CITY OR TOWN	CITY LIMITS?			
	4		ED NEVER MARRIED		and the			
9.			ED DIVORCED If Under 1 Yr, If Under 24 Hrs.	Baltimore * *	YES NO NO			
			Months Doys Hours Min.	2049 Division Street				
11	BIRTHPLACE (State or foreign		2. CITIZEN OF	13. FATHER'S NAME				
	Virginia		WHAT COUNTRY?	Dishand Tarilor				
14	LUSUAL OCCUPATION (Give	kind of work 148. KIND		Richard Towles 15. MOTHER'S MAIDEN NAME				
do	Mechanic		ling Station	Sally				
16	WAS DECEASED EVER IN U	I.S. ARMED FORCES?	17. SOCIAL		ADDRESS			
1	s, no or unknown) (If yes, give wo	or or dotes of service)	228-18-040	Mis Adele Simmons, 7	19 Dunkin St.			
	19.		CAUSE OF DEA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDIT	ION DIRECTLY	Arterio	sclerotic Cardiovascular Disc				
	LEADING TO	DEATH	(A)IMMEDIATE C					
	(This does not mean the n heart failure, asthenia, etc. I	It meons the diseose,		AS A CONSEQUENCE OF:	004400000000000000000000000000000000000			
	injury or complication which	coused deoth.)						
	ANTECEDENT C		(B)	• • • • • • • • • • • • • • • • • • • •	***************************************			
	RISE TO THE ABOVE CAUS	SE (A) STATING THE	DUE TO, OR	AS A CONSEQUENCE OF:				
Z	UNDERLYING CONDITIO)N LAST.	(C)		···			
CERTIFICATION	42211		No					
2	OTHER SIGNIFICANT CONT TO THE DEATH BUT NOT R	RELATED TO THE TERMIN						
	DISEASE OR CONDITION OF THE PROPERTION OF THE PROPERTIES OF THE PROPERTION OF THE PROPERTIES OF THE PR		OR WHICH OPERATION WA	S PERFORMED	21. AUTOPSY? (Yes or No)			
C				, , , , , , , , , , , , , , , , , , ,	No			
4	22A. EXTERNAL CAUSE W	VAS 2	2B. PLACE OF INJURY(e.g.,	in or obout 22C. WHERE DID (If in Boltimore City, give e				
FULL	UNDERLYING OR CONTI	RIB- h	nome, form, foctory, street, office	bldg., etc.) INJURY OCCUR?				
G	22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR?							
Z	OF INJURY (APPROX.)			WHILE ORK				
ME	[(arrivon.)		m. WORK AT W	OKA 🔲 📗				
ME	23.							
ME	23.	ld on Inquiry	Inspection X Au	topsy ond that on this basis, death in m	y opinion			
ME	23.	-	Inspection Au Aceident Suicid					
ME	I certify that I he resulted from: No	-						
ME	23. I certify that I he	-		CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED			
ME	I certify that I he resulted from: No ACTUAL SIGNATURE EXAMINER'S	ruol couses X	Acsidem Suicid	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER				
2	I certify that I he resulted from: No ACTUAL SIGNATURE EXAMINER'S NAME (Type)	Jerner U. Sp	Accident Suicid	ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER	DATE SIGNED 8/27/68			
2	I certify that I he resulted from: No ACTUAL SIGNATURE EXAMINER'S NAME (Type)	ruol couses X	Acsidem Suicid	ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER	DATE SIGNED			
24	I certify that I he resulted from: No ACTUAL SIGNATURE EXAMINER'S NAME (Type) A. BURIAL CREMATION, MOVAL (Specify) Burial	Verner U. Sp. B. DATE	Accident Suicide M.D. M.D. M.D. M.D. 24C. NAME of CEMETERY	ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER OF CREMATORY ASSOCIATE MEDICAL EXAMINER 24D. LOCATION (City, 10x)	DATE SIGNED 8/27/68			
RI	I certify that I he resulted from: No ACTUAL SIGNATURE EXAMINER'S NAME (Type) A. BURIAL CREMATION, 24 MOVAL (Specify)	Jerner U. Sp. B. DATE 8/31/68 EPT. 25B. NA	Accident Suicide M.D. M.D. M.D. M.D.	Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER OF CREMATORY 24D. LOCATION (City, 10) Competitive Coochland	DATE SIGNED 8/27/68 wn, or county) (State)			

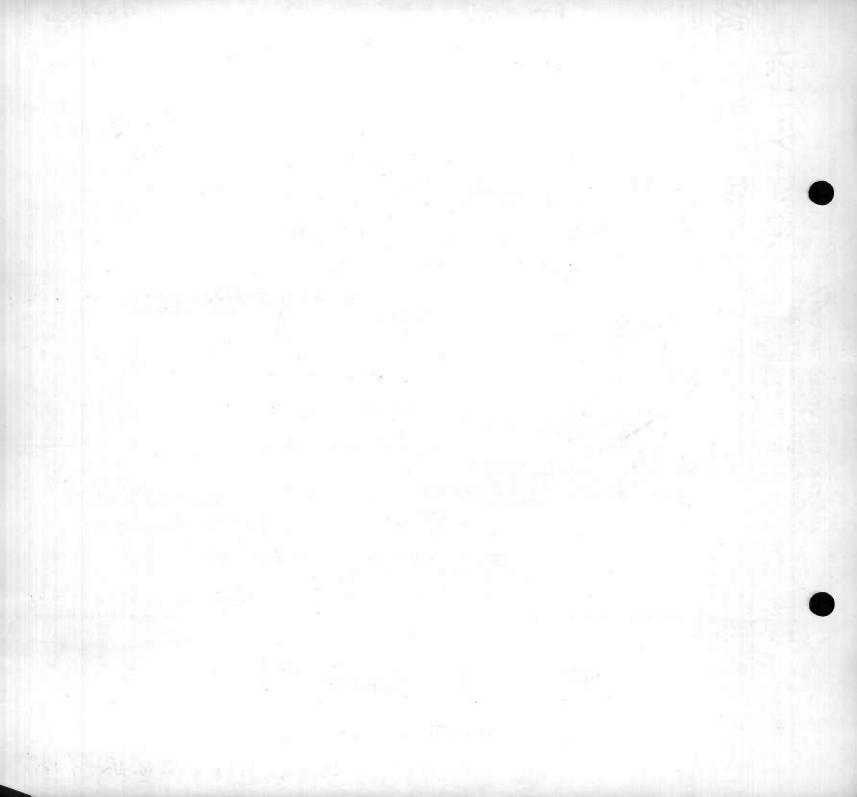
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V\$ 150-REV. 1/1/6B

	68- 8851	BALTIMORE CITY I	HEALTH DEPARTMENT		68- 8851
		CERTIFICAT	E OF DEATH	REG. NO	00_ 0001
	TH NO.		2 DATE ANI	HOUR OF DEATH	-
	pe or Printy		8/2/	118	1/13
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	CED DEAD	4. USUAL RESIDENCE (Wheel	deceased lived. If in:	stitution: residence before admission
			A. STATE &. COUNT	Υ	
FU	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)		MARY/AND		
IN:	SPITAL OR ADDRESS OR LOCATION) STITUTION		C. CITY OR TOWN	D. INSII	DE CITY LIMITS?
17	D		BAllimor	8 1	TES NO L
9	Solta Lill Musica	a la tea	E. STREET AND NUMBER	11-1	1 .=
K	SOTION 19,11 TOURSING	1 (EN1/ED)	719 CAEROI	100 EV	UE
5. !	6. RACE 7. MARRIED 2	NEVER MARRIED		ost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
	WIDOWED WIDOWED	DIVORCED	6/26/13	55	
	"USUAL OCCUPATION (Give kind of work 10B, KIND OF BU e during most of working life, even if retired)	SINESS OR INDUSTRY	BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNT
uon	Office as & of Sale		marilan		1/5/1
13.	FATHER'S NAME	1	4. MOTHER'S MAIDEN NAM	X V	40/4
	. / 11 0 / //	ins	W. a. a.	/	
	100000000000000000000000000000000000000		rivilla	Wilso	
(Ye	Wos Deceosed Ever in U. S. Armed Forces? s.no or unknown) (If yes, give wor or dotes of service)	SOCIAL SECURITY NO.	7. INFORMANT	2000-11:00	ADDRESS
			mis sladys u	20122	3 W. Hayelle UA
_	1B. /5 10 I	CAUSE OF DEATH	1		APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEA
	LEADING TO DEATH	(ANIMMEDIATE CALIS	Carre	P.o. Tix	1/6/67
	(This does not mean the made of dying, e.g.,	DUE TO, OR AS A	CONSEQUENCE OF	- + +	
	heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.)	righ	ad with letter	one recur	sea
	ANTECEDENT CAUSES				
	DISEASES OR CONDITIONS, if any, giving	(B)DUE TO, OR AS A	CONSEQUENCE OF:		
	rise to the abave cause (A) stating the				7
	UNDERLYING CONDITION last.	(c)	***************************************		
z	154X II				
õ	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
CAI	DISEASE OR CONDITION GIVEN IN PART I (A).	Oll Obra - Block	120 A	000 15 115 1155	
IF	19A. DATE OF OPERATION 19B. CONDITION FOR WHI	CH OPERATION	20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAL	INDINGS CONSIDERED
CERTIFIC	21A ACCIDENT WAS UNDERLYING	OF OF INVEST			
	OR CONTRIBUTING CAUSE OF home, f		or obout 21 C. WHERE DID	(It in Boltimore	City, give exact location)
CAL	DEATH (notify medical examiner) etc.)				
MEDI	21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. IN.	JURY OCCURRED	21 F. HOW DID INJU	IRY OCCUR?	
5	(A PPROX.) While A	Not While At Work			
-		MI WORK			1
			1	- MAL	6// / / /
-	22. I certify that (1) (this haspital) attended the c	deceased from	/ -	9 67 10	8/26 1968
-		deceased from	/ -		9/
,	22. I certify that (1) (this haspital) attended the c	8/26	19 6 7 ond the		9/
'	22. I certify that (1) (this haspital) attended the a	8/26	19 6 7 ond the		
'	22. I certify that (1) (this haspital) attended the attended (1) (we) last sow the deceosed olive on	Ye) (did) (did not) vio	19 61 ond the	of in (my) (our) opin	nion death occurred on the d
,	22. I certify that (1) (this haspital) attended the center of that (1) (we) last sow the deceased alive an and hour and fram the couses stated above. (1) (We) 23A. SIGNATURE	Ve) (did) (did not) vio	19 61 ond the	of in (my) (our) opin	nion death occurred on the d
	22. I certify that (I) (this haspital) attended the of that (I) (we) last sow the deceased alive on and hour and fram the causes stated above. (I) (We) 23A. SIGNATURE	Ve) (did) (did not) vio	19 61 ond the	of in (my) (our) opin	nion death occurred on the d
	22. I certify that (I) (this haspital) attended the of that (I) (we) last sow the deceased alive on	Ve) (did) (did not) via DEGREE Phys. Attention 23 Att Marketing 23	ding Med. Director D. ADDRESS D. ADDRESS	Shaff Phys.	238, DATE SIGNED 8/26/67 Both M 2/2
	22. I certify that (I) (this haspital) attended the of that (I) (we) last sow the deceased alive on	Ve) (did) (did not) vio	ding Med. Director D. ADDRESS D. ADDRESS	Shaff Phys.	nion death occurred on the d
	22. I certify that (I) (this haspital) attended the centre that (I) (we) last sow the deceosed olive on	Ve) (did) (did not) via DEGREE Phys. Attention 23 Att Marketing 23	ding Med. Director D. ADDRESS D. ADDRESS	Shaff Phys.	238, DATE SIGNED 8/26/67 BUT ML 2/2
24/	22. I certify that (I) (this haspital) attended the centre that (I) (we) last sow the deceosed olive on	Ve) (did) (did not) via Attention DEGREE FOI CEMETERY OF CREA ullus Memos	ding Med. Director D. ADDRESS D. ADDRESS	Shaff Phys.	238, DATE SIGNED 8/26/67 BUT ML 2/2
24 /	22. I certify that (I) (this haspital) attended the centre that (I) (we) last sow the deceosed olive on	Ve) (did) (did not) via Attention DEGREE FOI CEMETERY OF CREA ullus Memos	and the bady after deoth. ding Med. Director D. ADDRESS T. Real MATORY Park 24D. LO	Shaff Phys.	23B. DATE SIGNED 8/26/67 200 (Stote Man, or county)



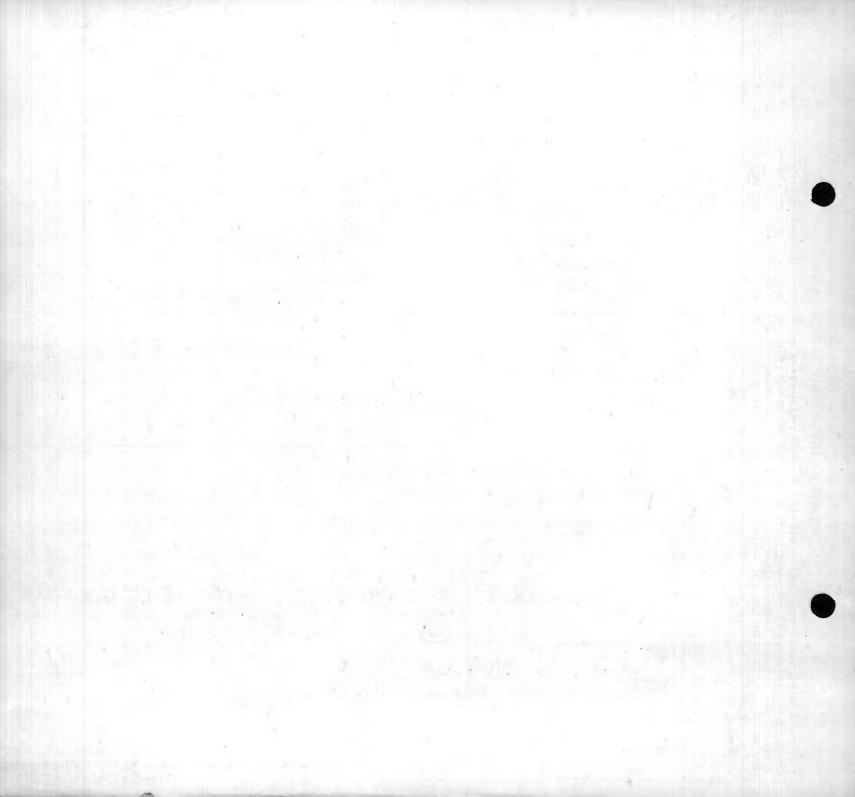
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68- 8852 BALTIMORE CITY HEALTH DEPARTMENT

68- 8852

BIRTH NO. 63	3-1848 4 MEL	JICAL E	AMIINER 3	CERTIFICATE OF	DEATH REG. N	0		
1. NAME OF DEC		D OLIFE	ATC.	2. DATE Known X	Month Day	Yeor	Hour	70
A DIACE IN DAI		D OWE		DEATH Estimoted	August 24		8:10	P. M.
FULL NAME OF HOSPITAL OR INSTITUTION	TIMORE, MARYLAND, 1 (IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTION		PRONOUNCED DEAD	August 24		8:10	P. M.
34				5. USUAL RESIDENCE (Where	dece osed lived. It institu B. COUN		before odmis	sion)
	Provident Hos	_		Maryland	1	1	, 10°0	
6. SEX	7. RACE		NEVER MARRIED	C. CITY OR TOWN	DYINSIDE	LITY-LIMITS?		>
Male	Negro	WIDOWED	DIVORCED Lander 1 Yr. if Under 24 Hrs.	Baltimore E. STREET AND NUMBER		YES X	NO.	
54/111	14/03 lost birthd		ths Doys Hours Min.		olphin Stre	et		
11. BIRTHPLACE (S	tote or foreign country)		TIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	uens			
done during glaster w	PATION (Give kind of work corking life even if retired)	148. KIND OF	BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN WAN	vans			
16. WAS DECEAS (Yes, no or unknown)	ed EVER IN U.S. ARME	D FORCES? of service)	17. SOCIAL SECURITY NO.	M. H. INFORMANT	11 Duens	ADDRESS 15/8	och	0.5
19.	4.7		CAUSE OF DEA	TH (o love y		PPROXIMATE IN	TERVAL ND DEATH
DISEAS	E OR CONDITION DIRI	CTLY					· EETT-GTTGET TH	10 02/11/1
	LEADING TO DEATH		(A)IMMEDIATE	CAUSE Multiple blu	nt injuries			
heort loilure,	ot meon the mode of d , osthenio, etc. It meons th aplication which caused de	e diseose,	DUE TO, OR	AS A CONSEQUENCE OF:				
10	NTECEDENT CAUSES		/p)					
DISEASES	OR CONDITIONS, IF AN	Y, GIVING	DUE TO, OR	AS A CONSEQUENCE OF:		***************************************		
UNDERLYIN	G CONDITION LAST.	AIINO INE	(c)				-	
NO E 8/2. OTHER SIGN	11 11		(0)					
O THE DEA	IFICANT CONDITIONS CATH BUT NOT RELATED TO	THE TERMINAL	*******************************				क्रक क्रक क्रम क्रम क्रम क्रम क	
20A. DATE OF	OPERATION 208. CO	NDITION FOR	WHICH OPERATION W	AS PERFORMED		21. AUTO	PSY? (Yes o	r No)
0,3						Ye	es	
O IINDERIVING	NAL CAUSE WAS	22B. I home	e, form, foctory, street, office	in or obout 22C. WHERE DID (se bldg., etc.) INJURY OCCUR?			17-	
UTING CA	USE OF DEATH. (Month) (Doy) (Yea	or) (Hour) 2	Street 2E.INJURY OCCURRED	DOLPNIN ST	276 ft. E	ast of I	remour	it Av
OF INJURY		, , , ,						
(APPROX.)	8-24-68 7:4	40 P. m. V	VORK L AT V	VORK Pedestri	an struck b	y auto		
	ify that I held an	Inquiry 🗌	Inspection A	stapsy 🗓 and that an th	nis basts, death in	my apinian		
result	ted fram: Natural ca				Undetermined manne			
	01	1	N .	CHIEF MEDICAL E				
ACTUAL	100 Clian	1).	male	ASSISTANT MEDICAL E			DATE SIGN	1ED
SIGNATO EXAMINI NAME (T	ER'S Charle:	s S. Spr	ingate, M.D.	ASSOCIATE MEDICAL E	XAMINER	August	25, 19	968
24A. BURIAL CREA REMOVAL (Speed	MATION, 248 DATE (V) CREATE	29,1468	Mt Cal	vary Cemiting	Brokly	own, or county Ma	(Sto	ind
25A. DATE REC'D	AUG 3 0 196	Α -	of REGISTRAR BE. Farbern	250 FUNERAL DIRECTO	Kuss 232	ADDRESS	nash	he we
VS 151-REV. 1/1/68	1/2/3		4 3 0 5	00000	1 10	ALANCE)	1 11	

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VS 150-REV, 1/1/6B

36

tf Under 24 Hrs.

Hours

11-1-06 61

VS 150-REV. 1/1/68

INSIDE CITY LIMITS? YES [

SO CATON

If Under 1 Yi. If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A.

CATON & WILKENS AVESDORES 1229

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

LEADING TO DEATH	(A)IMMEDIATE CAUSE IN FARCTION
s does not meon the mode of dying, e.g., rl foilure, osthenio, elc. Il meons the diseose, ry or complication which caused death.)	DUE TO, OR AS A CONSEQUENCE OF:
ANTECEDENT CAUSES	(0)
EASES OR CONDITIONS, if any, giving to the above cause (A) stating the	DUE TO, OR AS A CONSEQUENCE OF:
DERLYING CONDITION last.	(c)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

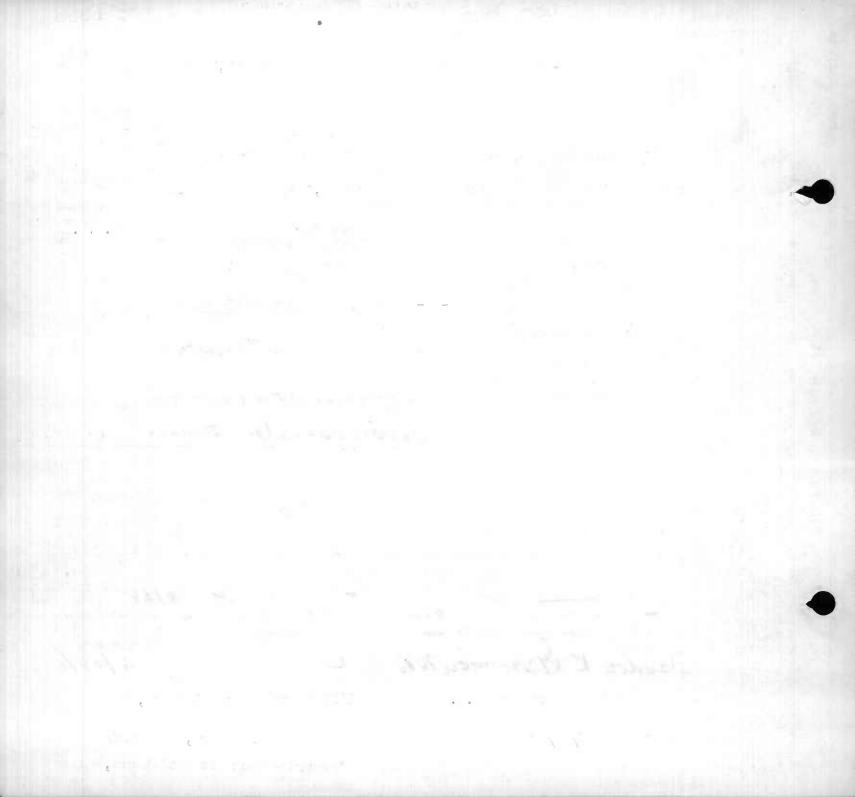
(If In Boltimore City, give exact location)

23 B. DATE SIGNED 29 68

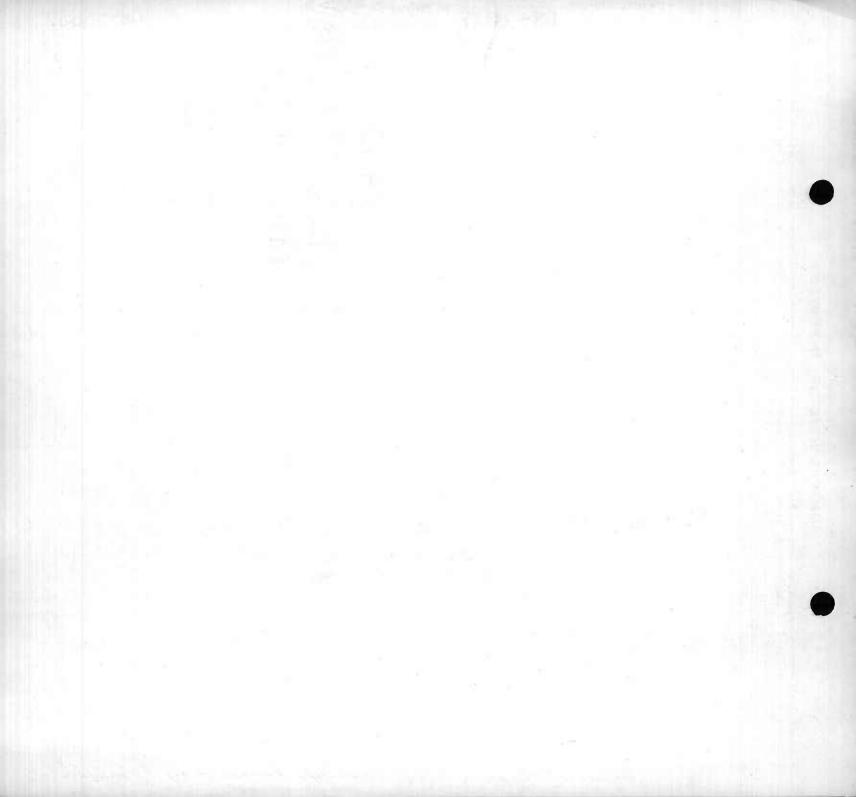
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VS 150-REV. 1/1/68



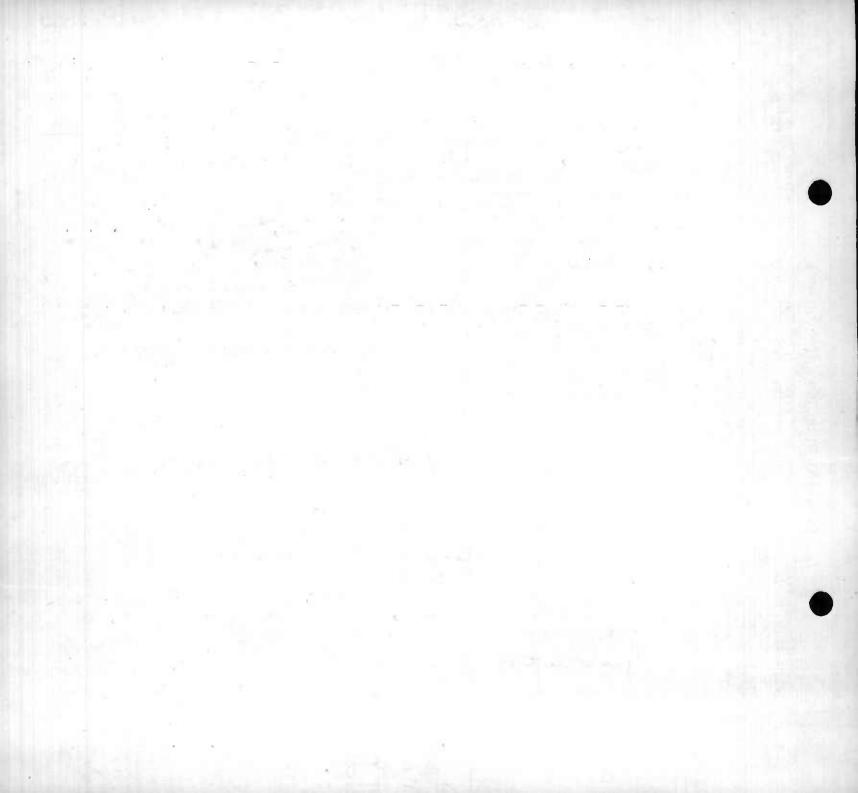
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BALTIMORE CITY HEALTH DEPARTMENT

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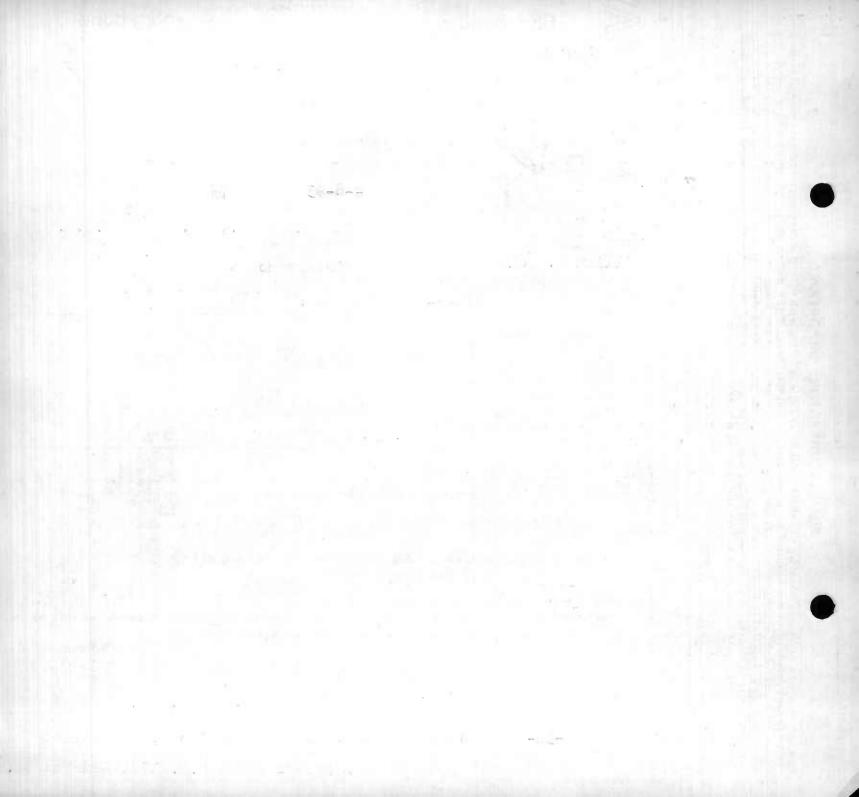
>-	5-51	68- 8861 BALTIMORE CITY HEALTH DEPARTMENT 68- 8864
,	2002	BIRTH NO. P. CLORONO CERTIFICATE OF DEATH
	an ase ase th th	1. NAME OF DECEASED
	- P - G - G - C - C - C - C - C - C - C - C	Aug 28, 1968 9 5 PM M
	of of De dath ath	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
	N - O	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOW. Maryland Amp Arynde (5200
	a ho ause e; (5 ndar	HOSPITAL OR ADDRESS OR LOCATION) D. INSIDE CITY LIMITS?
	use ter	
	E C C C	E. STREET AND NUMBER
	d a d	Box #154 Minnenton Ka Road 5. SEX 6. RACE 7. MADDIED TO BE DATE OF BIRTH 9. AGE (In years I of Under 1 Yr. II Under 24 Hrs.
	tribu mine gula sed mad	Months Doys Hours Min.
	occu ontr ormi regu ase is m	WIDOWED DIVORCED JEC. 170 - 65 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLAZE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY:
	th cc ete	done during most of working life, even if-pelired.
	or inde de itio	Machine Officator (14) Manufact wing
	the he bos	13. FATHER'S NAME
느	ire ire (4	John Hudson Jessie Mix
2	d did	15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.
E	the the de de de fina	No 111/218-14-6603-AML. Paul Pourson (husband) Dame As 4
ORTA	if if if iny any dar	18. 162.1 CAUSE OF DEATH Can DESTWEEN ONSET AND DEATH
MP	f d d d	DISEASE OR CONDITION DIRECTLY
2	Als Als e o nou att	(A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE (B) CAS A CONSEQUENCE OF:
••	F . 50 F B	hearl failure, asthenio, etc. It means the disease,
OR	ner act pr ula mb	injury or complication which coused death.)
CT	tr fr	DISEASES OR CONDITIONS, if any giving DUE TO, OR AS A CONSEQUENCE OF:
REC	X X X X X X X X X X X X X X X X X X X	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
-	al an ar	UNDERLYING CONDITION last. (C)
0	dical brns; rsicia was	z /63 X II
4	e a ph	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
NER	A A B B B B B B B B B B B B B B B B B B	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
Z	chi Boo Boo the the the	WAS PERFORMED Ca Line IN CERTIFYING CAUSES OF DEATH?
교	ph Por	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY(e.g., in or obout 21C. WHERE DID (If In Boltimore City, give exect location) home, larm, loctory, street, olfice bldg., INJURY OCCUR?
	tal tal	BEATH (notify medical examiner)
	Spi	OF INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	ho ho nat nat ept d (6 ain ain	(APPROX.) While At Not While At Work
	xc xc xc bto	22. I certify that (1) (this haspital) attended the deceased from 8, 28. 1968 to at 9, ectels: 19
	app to t f ar l (e l);	that (1) (we) last saw the deceased alive an 3 . 2 . 19 6 and that in (my) (aur) apinion death accurred on the date
	0 0	and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death.
	ust be eased ident nospit deat must	23A. SIGNATURE 23B. DATE SIGNED
		Attending Med. Staff Director Phys. D
	0 - 0 - >	23C. PHYSICIAN'S 23D. ADDRESS
	was was A. at prio	1) a lan soul bal or 10 (10 co
		24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county). (State)
	s: () D.O D.O ase	Burial Aug. 31/68 Baltimore Cometery Balto, Md.
	This certithe body shows: (1 was D.O. deceased	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 25C. FUNERAL DIRECTOR
	This the I show was dece	ALIG 30 1900 OF E tarburn P.V. Sanable CA Burns Non
		VS 150-REV. 1/1/68

Dec 25 197 25 racher gradular for some Cothard production in Joseph 1863 as wearen was remarked for the form the form

VS 150-REV.

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VS 150-REV. 1/1/68



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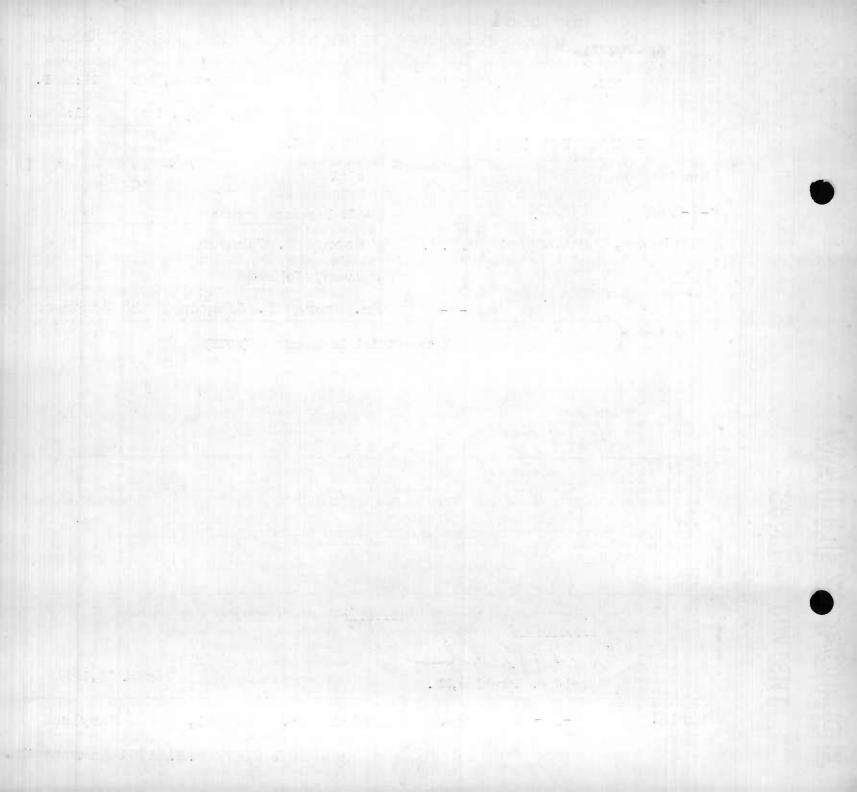
68- 8864 BALTIMORE CITY HEALTH DEPARTMENT

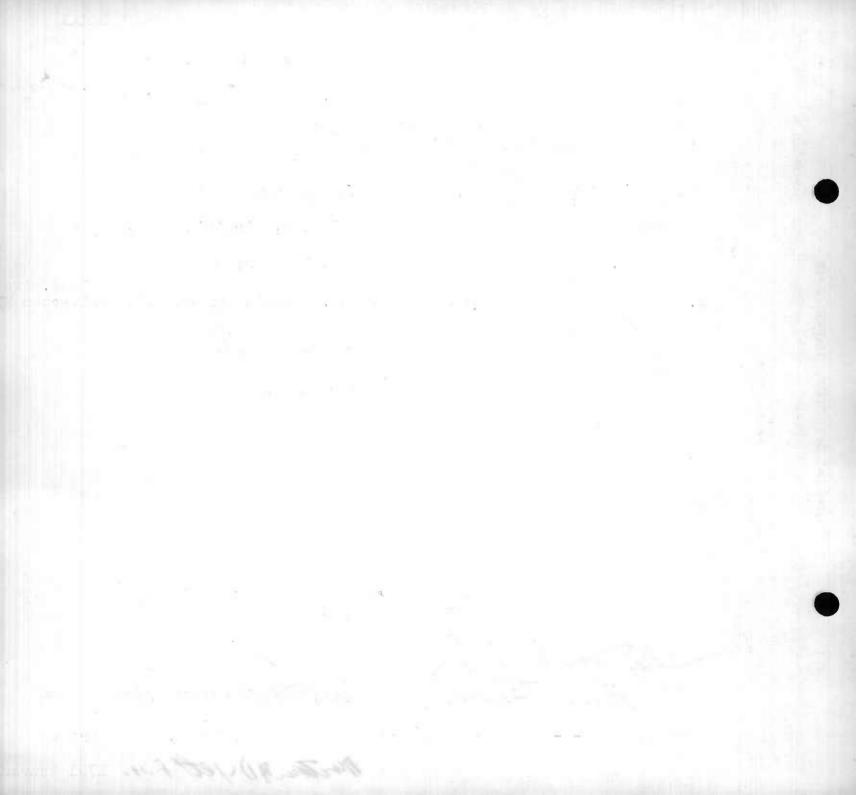
	U	I	DAL	IMO	KE CII	HEALI	DEPARI	WEIAI	
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68-	886
	00

BIRTH NO. 68	-1457	MEDICA	AL E	XAMINER'S	LERTIFICA	A I E OF	DEAT	H REG.	NO	0004
1. NAME OF DEC	SHELIA			HNSON	2. DATE OF DEATH	Known Estimoted	Augus	st 28	,1968 [*]	11:50 R.
		RYLAND, WHERE			3. DATE PRONOUN	CED DEAD	Month	Doy		eor Hour
HOSPITAL	(IF NO ADDRE	T IN HOSPITAL OR I SS OR LOCATION)	NSTITUTI	ON, GIVE STREET	PRONOUN	CED DEAD	August	28,	1968	11:50 P
OR INSTITUTION	INAI HS	OPITAL (D	OA)		5. USUAL RESI A. STATE Ma			B. COUR		ence before odmission)
6. SEX	7. RACE	8. MA	RRIED [NEVER MARRIED	C. CITY OR TO	OWN	10 11 11	D. INS	DE CITY LIM	ITS?
Female	Negro		OWED [Baltimo	ore		1	YES	NO
9. DATE OF BIRT	H	10. AGE (In years		nder 1 Yr. If Under 24 Hrs.	E. STREET AN	D NUMBER			12342	NO LS
8-7-1968		3 wks.	Mon	ths Doys Hours Min.	4928 Ed	lgemere	Avenue			
11. BIRTHPLACE	State or foreig		12. 0	CITIZEN OF	13. FATHER'S	_		-		
Baltimo			١	WHAT GOUNTRY?	Georg	ge D. J	Tohnso	n		
14A.IISIIAL OCCI	IPATION (Give	e kind of work 148. KI		BUSINESS OR INDUSTR		4.75			-	
done during most of Child	working life, ev	en ifretired)				Johns				
		U.S. ARMED FOR		17. SOCIAL SECURITY NO.	18. INFORMA				ADDRES	
(165, 110 01 Blikilowii	Milli Aez' Bise A	of of doles of serv	icej	-0-	Mr. Geo	rge D.	John	son	4928	Edgemere
19.		•	-	CAUSE OF DEA	TH					APPROXIMATE INTERVAL
DICEAC	E OR COMP	ITION DIRECTLY		Interstit	tial Pneu	monitis	(SDIT))		BETWEEN ONSET AND DEA
	LEADING TO						(52-1-)			
(This does r	not meon the	mode of dying, e.	9.,	(A) IMMEDIATE (AS A CONSEQUE	NCE OF:				
heort toilure injury or co	e, osthenio, etc. mplicotion whic	. It meons the diseos th coused deoth.)	e,							
	NTECEDENT			(8)	AS A CONSEQU	ENCE OF				•
RISE TO TH	E ABOVE CAL	DNS, IF ANY, GIVII USE (A) STATING T	HE	DOE 10, OK	AS A CONSEQU	ENCE OF:				
Z UNDERLYII	NG CONDITI	ON LAST.		(C)			~~~~~~~~			•) ===================================
TO THE SIGN TO THE DE DISE ASE OF 20A. DATE O	6	11								
OTHER SIGN	VIFICANT CON	IDITIONS CONTRI	BUTING							
DISEASE OF		GIVEN IN PART 1								
20A. DATE O	F OPERATION	208. CONDITIO	N FOR	WHICH OPERATION W	AS PERFORMED)			21. A	UTOPSY? (Yes or No)
0/2/		100								yes
22A. EXTER	NAL CAUSE	WAS	228.	PLACE OF INJURY(e.g.,	in or obout 22C	WHERE DID	(if in Boltimor	re City, gi	ve exoct locot	4
UNDERLYING UTING CA			home	e, form, foctory, street, offic	e bidg., etc.) INJ	URY OCCUR?				
			lour) 2	2E.INJURY OCCURRED	22F.	HOW DID IN	VILIRY OCCI	JR?		
OF INJURY (APPROX.)	, , , , ,		'		WHILE					
23.			m. V	YORK AT V	VORK L					
	tify that I he	eld an Inquiry		Inspection Au	tapsy 🔀	and that an	4hta haala	Jan 41 1 .		
			_							un
resul	ted fram: N	atural causes	A A	ccident Suicio		icide 🔲	Undetermi	ned man	iner 🔲	
ACTUAL	1)	11,1	1	0 1	СН	IEF MEDICAL	EXAMINER	\vdash		DATE SIGNED
SIGNAT	1 11.	old U.K.	lu	M.C	ASSISTA	ANT MEDICAL	EXAMINER	[X]		
EXAMIN NAME (IER'S Ro	nald N. K	ornb	lum, MD.	ASSOCI	ATE MEDICAL	EXAMINER		August	28,1968
24A. BURIAL CRE	MATION, 2	48. DATE	24	C. NAME of CEMETERY	ar CREMATORY	24D	LOCATION	(City	, town, or co	ounty) (Stote)
REMOVAL (Speci	ify)	8-31-68		Carver Men	orial I		Laure			Maryland
								- 9		
25A. DATE REC'D			NAME	OF REGISTRAR		NERAL DIRECT			ADDRES	
	AHC 4	0 1968 1	0 5	Br & starbert	MORT	CON & I	DYETT	F.H.	1701	Laurens

VS 151-REV. 1/1/68

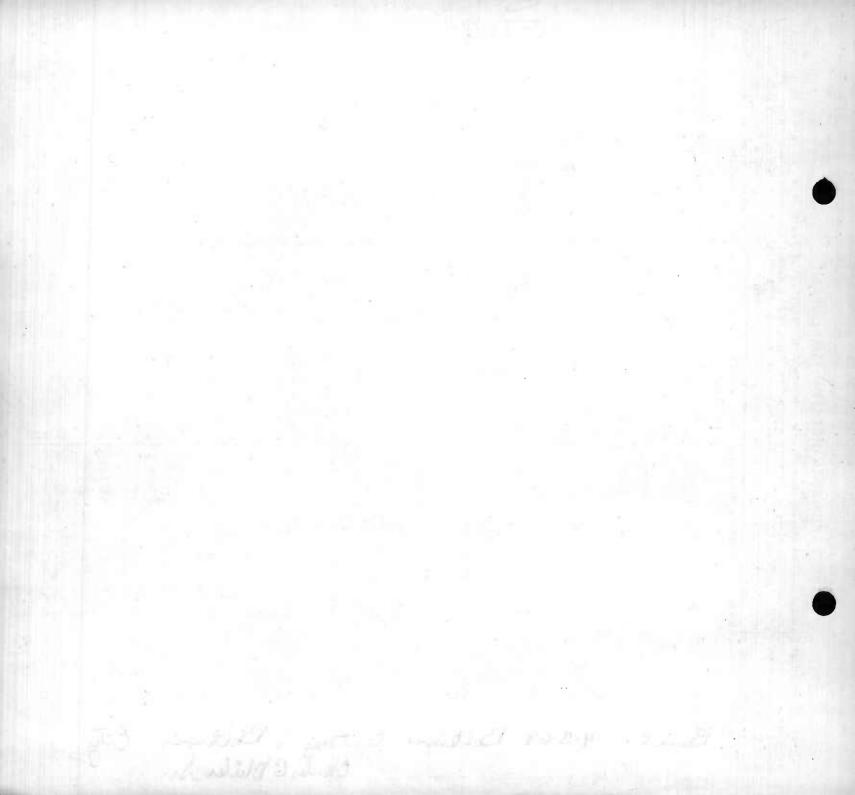




	08- 886	BALTIMORE CITY	HEALTH DEPARTMENT		0000
	n NO.	CERTIFICA	TE OF DEATH	Registered No.	68- 8866
1, N	. CASE NO. AME OF DECEASED	1	2. DATE AN	D HOUR OF DEATH	
(Тур	e or Print) HAZELS FA	RIS	9-	2-68	5.30 A M
. P	LACE OF DEATH IN BALTIMORE, MARYLAND			e deceased lived. If ins	titution; residence before admission)
			A. STATE B. COUNT	IY PARTE	
	ULL NAME OF (If not in hospital or institution, oddress or location)	give street			
	NSTITUTION		C. CITY OR TOWN (If out	side city limits, write RU	JRAL and give township)
	BON Secures Hospi	· + a1			200
3	ACON ZE COURS 1103PI	1114	2 2 2 C. C	mall woo	d. St. Bt. 2122
	/				7,1
. s	WIDOWE	NEVER MARRIED D, DIVORCED (specify)		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		FRRIED .	4/16/20	48 4/1/0	
	USUAL OCCUPATION (Give kind of work 108, KIND OF during most of working life, even if relited)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT, COUNTRY?
One		uestic	()	inginia	V S A
3. [HOUSEWITE DO	763116	14. MOTHER'S MAIDEN NAM	WE THE THE	
	EdWARD DAVIS		Rena		
E .	2011112	11/ 000/11		_	AD00777
Yes	Was Deceased Ever in U. S. Armed Forces? ,no or unknown) (If yes, give wor or dates of service)	SECURITY NO.	17. INFORMANT		ADDRESS
	NO NONE	577-16-8103	SAMUEL MAR	15 3225	. Smallwood S.
	18. K21 Q 1	CAUSE O	F DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		0	11.	ONSET AND DEATH
	LEADING TO DEATH	(A)	Cithosis o	of river	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO	4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4	· · · · · · · · · · · · · · · · · · ·	
	injury or complication which coused death.)				
	ANTECEDENT CAUSES	(B)			
	DISEASES OR CONDITIONS, if ony, giving	DOE 10			
	tise to the obove couse (A) stoting the	(C)			
	UNDERLYING CONDITION loss.				
z	581,0				
9	TO THE DEATH BUT NOT RELATED TO THE	E			
CA	DISEASE OR CONDITION CAUSING IT.	WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES. WERE FI	NDINGS CONSIDERED
RTIF	WAS PERFORMED			IN CERTIFYING CAU	SES OF DEATH?
	21 A. ACCIDENT WAS UNDERLYING 21 B	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
AL	21 A. A CCIDENT WAS UNDERLYING 21B OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet) etc.	ne, form, foctory, street, o	n or obout 21C. WHERE DID flice bldg., INJURY OCCUR?		
U					
MEDI	OF INJURY	INJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?	
<	(APPROX.) Wh	ile At Not Whi			
	22. I certify that (I) (this hospital) attended t	he deceased from	8-26-681	9to	9-2 1968
	that (I) (we) lost saw the deceased alive on	9 -	2 (()		ion death accurred on the dat
		N /W \ / 11 15 / 14 1		o, mamy, tool, opin	death accoured on the do
	ond hour and from the couses stated above. ((did not) (did not)	view the body offer deoth.		DATE CICNED
	X X waitine	AAD AH	ending Med.	Stoff 72	23B. DATE SIGNED
	VAYOUTU	M.D. Att	s, Director	Phys.	1 0
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	C .	11
	Seul heart	M.D.	13 ON .	SECOURS	HospitAL
24A		AME of CEMETERY OF CR	EMATORY 24D. LC	OCATION (City	, town, or county) (State)
	REMOVAL (Specify)	1 1	DUT		- 411
25.0	DURIAL 7-2-60	Loudon	IARK B	AL 114gh	6, Ma.
25A	. DATE REC'D BY HEALTH DEPT. 25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR	WAG NEW	ETAL ADDRESSONE
	SEP 3 1968 O. O. J.	TE Jaken	Francison	- miller 21	of traducite an
VS.	150-REV. 1/1/65		1 8 5 0 6		

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VS 150-REV. 1/1/6B



F-435

(868 BALTIMORE CI						2222
	MEDIC	AL EXAMINER	S'S CERTIFIC	CATE OF	DEAT	H REG. NO	68-	8868
S	0.	FALDEN	2. DATE OF	Known K	Month August	29°, 1968	Yeor	:45 P.

BIRTH NO.							REG. NO.		
1. NAME OF DEC		0.	FALDEN	2. DATE OF DEATH	Known Known Estimated	August	29, 1968	Yeor 8:45	P. M
4. PLACE IN BAL	TIMORE, MARYLAND	WHERE P	RONOUNCED DEAD	3. DATE		Month	Doy	Yeor Hour	741.
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSE ADDRESS OR LO	TAL OR INS	STITUTION, GIVE STREET		JNCED DEAD		29, 1968		Μ.
	UTHERNN HOS	PITAL	(DOA)	A. STATE	Maryland	re deceosed li	B. COUNTY	esidence before odn	nission)
6. SEX	7. RACE	B. MAR	RIED NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CITY	LIMITS	
Male	White		WED DIVORCED	Balti:	more		1 S YES	NO	
9. DATE OF BIRT	- 1 1111	(In years doy) 72	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		Elgin Ave	enue	A. Carlotte		
11. BIRTHPLACE (S	State or foreign country)	12. CITIZEN OF	13. FATHER					
Va.			WHAT COUNTRY?		les H.		n		
	PATION (Give kind of wo		OF BUSINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN NA	AME			
Retire				Anna	Fitzger	alds			
	ED EVER IN U.S. ARM			IB. INFOR			ADD	RESS	
Yes	(If yes, give wor or dot		230.03.432	0 Mrs	. Verda	Dors	ev.3201	Elgin A	ve.
19.		-	CAUSE OF DEA		• • • • • • • • • • • • • • • • • • • •		-2,	APPROXIMATE	INTERVAL
DISEAS	I E OR CONDITION DI	ECTIV	Arterio	sclerot	ic Cardio	ovascu1	ar Diseas	e BETWEEN ONSET	AND DEATH
	LEADING TO DEATH	CECILI							
heart failure	ot mean the made of , asthenia, etc. It means	he diseose,	DUE TO, OR	AS A CONSEG	UENCE OF:			>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	
	nplication which caused							1000	
1A	NTECEDENT CAUSES		(B)						
DISEASES	OR CONDITIONS, IF A	NY, GIVING	DUE TO, OR	AS A CONSE	QUENCE OF:				
UNDERLYIN	E ABOVE CAUSE (A) S NG CONDITION LAST	HAIING IH	(c)						
0 100	4 44		(0)						
O THE DEA	II IFFICANT CONDITIONS ATH BUT NOT RELATED CONDITION GIVEN IN	TO THE TERM	AIN AL						
20 A. DATE OF			FOR WHICH OPERATION W	AS PERFORM	VED.		T:	21. AUTOPSY? (Ye	s or No
52				, o remonit				yes	, , , ,
_	ALAL CALLER MAS		1998 BLACK OF INITIBY		0.C 14/1/PRF B1D	444		•	
UNDERLYING	NAL CAUSE WAS OF OR CONTRIB- USE OF DEATH.		228. PLACE OF INJURY(e.g., home, form, foctory, street, offi	ce bldg., etc.)	NJURY OCCUR?	(If In Boltimo	re City, give exoct	locotion)	
		eor) (Hou	22E.INJURY OCCURRED	2	2F. HOW DID I	NJURY OCC	UR?		
OF INJURY (APPROX.)				WHILE					
23.			III., WORK						
l cert	ify that I held on	Inquiry	Inspection Au	topsy 🗶	and that on	this bosis,	death in my a	oinlon	
result	ted from: Natural c	ouses K	Accident Suici	de 🗌 H	omicide 🗌	Undetermi	ned monner 🔲		
	()	1	17 1		CHIEF MEDICAL	EXAMINER		DATE CI	CNIED
SIGNATI	The second second	U	Kneble	ASSI	STANT MEDICAL	EXAMINER	X	DATE SI	
EXAMINI NAME (T	ER'S Ronald	N. Ko	rnblum, M.D.		CIATE MEDICAL	EXAMINER	☐ Au g us	t 30, 196	8
24A. BURIAL CREA	MATION, 248. DATE		24C. NAME of CEMETERY	ar CREMATO	ORY 240	LOCATION	(City, town,	or county) (S	Stote)
REMOVAL (Specific Burial			8 Baltimore	Natio			nore, Ma		
25A. DATE REC'D	BY HEALTH DEPT.	25B. N	NAME OF REGISTRAR	25C.	FUNERAL DIREC	TOR	ADI	DRESS	
SE	P 3 1968	R. D.	& E. Farkerna	Cha	arles R	. Law,	802 Ma	dison A	ve.
VS 151-REV. 1/1/68	3		3 / 2 / 0	0 0	0 6	f)			

Set. 3, 65 Baltimore Wational Baltimore, Haryland

1/14/1896

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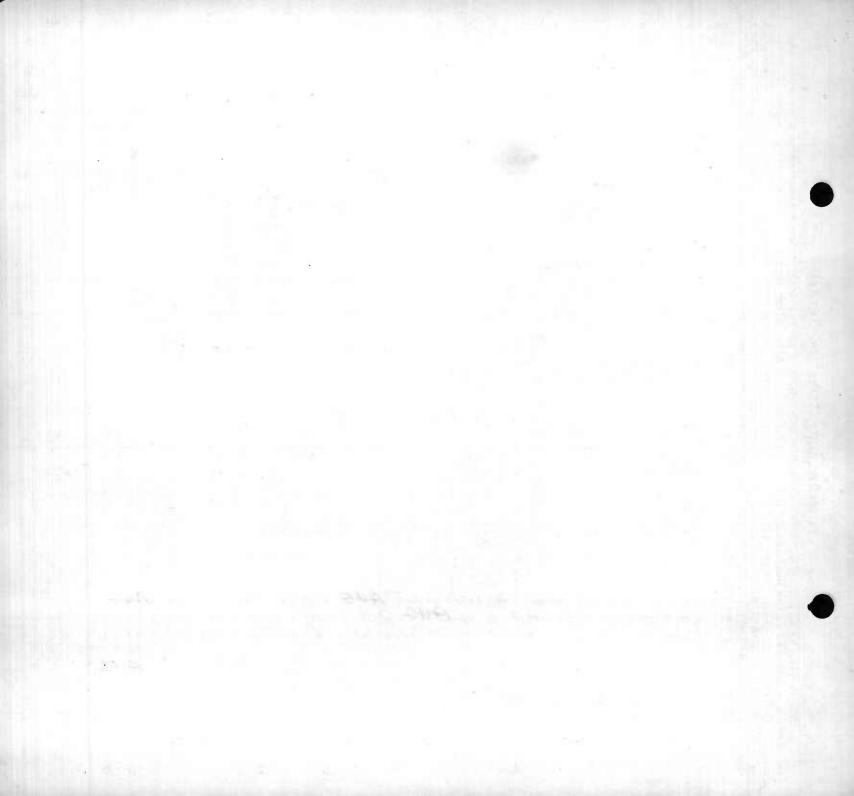
Charles S. Law, 802 madison lys

Charles H. Falden

230.03.4320 hrs. Verda Dorsey, 3201 sigla ave.

Anna Fitageralds

LIDT	H NO.		68	- 886	SS CERTIFIC	ATE OF D	DEATH	REG. NO	00	8869
,N	AME OF DECE	HELLY		CTANS			2. DATE AND	29, 1968		17×45 A
3. P	LACE IN BALTI		LAND, W	HERE PRONO	UNCED DEAD	A CTATE	R COLINTY	deceased lived. If in	nstitution: reside	no elore admis
HO:	L NAME OF	(IF NOT I	N HOSPITA	AL OR INSTIT	UTION, GIVE STREET	C. CITY OR TO		D. INS	IDE CITY LIMIT	5?
-		01, 110	marks	77	h	BAL	TIMORE		YES 🗗	NO 🗌
3	7 men	Cy HO	OPIIAL	- I		E. STREET AN	ID NUMBER	TR CT.	BALL	2,
. SI	F	NEGI	20	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF BI	28,1954 Past	AGE (In years t birthdoy)	II Under 1 Months Doy	fr. If Under 24 S Hours Mi
	USUAL OCCUP			10B, KIND OF	BUSINESS OR INDUS	TRY 11. BIRTHPLAC	E (State or foreign	country)	12. CITIZEN	OF WHAT COUN
,0110	STUDE		i ii i iiiiiied)			BA	TITI MORE		u	8-41
3. F	ATHER'S NAM						MAIDEN NAME			
	VALUE	STA	NSBU	Ry		4	LORRAINE	= TRAV	ers	
5. V	Vos Deceosed	Ever in U. S.	Armed Ford	es?	16. SOCIAL	17. INFORMAN	IT .	Section Cal	AD	DRESS
	NO 18.3 44 0	ur yes, give v	wor or date:	s of service)	CAUSE OF DE	CORPAIN	e Mave	rs	AS ABO	PROXIMATE INTERV
		EADING TO	DEATH						6 37	00 6.60
	(This does no heart failure, o injury or comp Al DISEASES OF rise to the UNDERLYING	sthenio, etc. dicotion which NTECEDENT R CONDITION obove co	CAUSES ONS, if ouse (A)	the disease, deoth.)	(B)	Eduse ACUTE AS A CONSEQUENCE WWKWT AS A CONSEQUEN	CE OF: OWY CA	tuse (S)		
TION	heori foilure, o injury or comp A DISEASES OF rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH	esthenio, etc. dicotion which NTECEDENT CONDITION CONDITION LI CANT CONDITION I BUT NOT REI	II meons the coused CAUSES ONS, if ouse (A) I lost.	the disease, deoth.) ony, giving stoling the NTRIBUTING HE TERMINAL	(B)	AS A CONSEQUENC	CE OF: OWTO CA ICE OF: FNEUMON	NSE (S)		V DAYS
ATION	DISEASES OF rise to the UNDERLYING	SINEMIO, ELC. SICOLION WHICH R CONDITION CONDITION CANT CONDITION INDITION GIV	II meons the coused CAUSES ONS, if couse (A) I lost.	the disease, death,) ony, giving stoling the NTRIBUTING TE TERMINAL TO THE TERMINAL THE TERMINAL TO THE TERMIN	(B)	WUKUT AS A CONSEQUEN BROUCHO BROUCHO	CYSTI	NSE (S)	FINDINGS CO	NSIDERED
AL CERTIFICATION	heori foilure, o injury or comp A DISEASES OF rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO	INTERPORT OF THE PROPERTY OF T	II meons ch coused CAUSES ONS, if cuse (A) N lost. CIONS CONT. ATED TO THE CEN IN PART 179B. CONT WAS PERF	the disease, deoth.) ony, giving stoling the NTRIBUTING HE TERMINAL TO (A). DITION FOR YOUR TO CORMED	(B)	AS A CONSEQUENCE AS A CONSEQUENCE BROWCHO 20A. AUTOI 20A. AUTOI 40. June 10 10 10 11 21 C. N	PNEUMON CHST PSY? (Yes or No) 2 WHERE DID	MSE (S) PIA AND TIS 20B. IF YES, WERE N CERTIFYING CA	FINDINGS CO	TH?
MEDICAL CERTIFICATION	DISEASES OF TISE TO THE DEATH OF CONTRIBUT O	INTERPORT OF THE PROPERTY OF T	II meons th coused CAUSES DNS, if couse (A) N lost. IONS CON ATED TO THE EN IN PART 19B. CONI WAS PERF ERLYING SE OF	the disease, deoth.) ony, giving stoling the sterminal to the storm of the sterminal to the storm of the sterminal to the storm of the	(B)	AS A CONSEQUENCE AS A CONSEQUENCE BROWCHO 20A. AUTO 20A. AUTO (1), office bidg., INJUI 21F. Mile	PNEUMON CHST PSY? (Yes or No) 2 WHERE DID	1/A AND 17/S 20B. IF YES, WERE N CERTIFYING CA	FINDINGS CO AUSES OF DEA	NSIDERED TH?
MEDICAL CERTIFICATION	DISEASES OF TISE TO THE BEATH OF CONTRIBUT DEATH (notify of Injury (APPROX.)	INTECEDENT R CONDITION OBOVE CO CONDITION I BUT NOT REL NOT RE	II meons the coused CAUSES ONS, if couse (A) I lost. IIONS CONTAINED TO THE EN IN PART 199B. CONTAINED TO THE ERLYING SE OF inner) The container of the couse o	the disease, deoth.) ony, giving stoling the sterminal to the terminal to the	WHICH OPERATION L. PLACE OF INJURY (e. ne., form, loctory, street, lite At Not Vark he deceosed fram	BROWCHO 20A. AUTOI 20A. AUTOI 20A. AUTOI 20A. AUTOI 21F. I	PNEUMON CYST PSY? (Yes or No) 2 WHERE DID RY OCCUR? HOW DID INJURY	1/A AND 17/S 20B. IF YES, WERE N CERTIFYING CA	FINDINGS CO AUSES OF DEA re City, give ex inion deoth o	nsidered TH? act location) 29 19 6 ccurred on the
MEDICAL CERTIFICATION	DISEASES OF rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH OF CONTRIBUT OTHER SIGNIFIC TO THE DEATH (notify to Finjury (APPROX.) 21 A. ACCIDENT (APPROX.) 22 J. Certify to thot (I) (we) I cond hour and conditions and conditions are contribut.)	INTECEDENT R CONDITION CON	II meons the coused CAUSES ONS, if couse (A) I lost. IIONS CONTAINED TO THE EN IN PART 199B. CONTAINED TO THE ERLYING SE OF inner) The container of the couse o	the disease, deoth.) ony, giving stoling the sterminal to the terminal to the	WHICH OPERATION S. PLACE OF INJURY (e. ne, form, loctory, street) INJURY OCCURRED At Whe deceosed fram At W. (We) (did) (dld no.)	AS A CONSEQUENCE WKUT AS A CONSEQUENCE BROWCHO 20A. AUTOI YEL 30, in or obout 21C. 1, office bldg., INJUI 21F. F While 21F. F While 19 41 view the body Attending Phys.	PNEUMON CYST PSY? (Yes or No) 2 WHERE DID RY OCCUR? HOW DID INJURY	TA AND TO SETTIFYING CA (If in Boltimo Y OCCUR?	FINDINGS CO AUSES OF DEA Tre City, give ex	nsidered TH? act location) 29 19 6 ccurred on the
MEDICAL CERTIFICATION	DISEASES OF TISE TO THE DEATH DISEASE OF COMPA. DATE OF CONTRIBUT DEATH (notify of Injury (APPROX.) 21 A. ACCIDENT OR CONTRIBUT DEATH (notify of Injury (APPROX.) 22 J. Certify to thot (I) (we) I ond hour ond cond hour ond cond hour ond cond cond cond cond cond cond cond	INTECEDENT R CONDITION CON	Il meons ch coused CAUSES ONS, if cuse (A) Viosi, If Coused (A) Viosi, If Couse (A) Vi	the disease, deoth.) ony, giving stoling the stoling	WHICH OPERATION L. PLACE OF INJURY (e. ne, form, loctory, street, het with the deceosed fram	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE BROWCHO 20A. AUTOR 20A. AUTOR (a), office bldg., INJUI 21F. H. While 21F. H. Whi	PNEUMON CYST PSY? (Yes or No) 2 WHERE DID RY OCCUR? HOW DID INJURY ond that after death. Med. Sha	TIS WERE (S) TIS 20B. IF YES, WERE N CERTIFYING CA (If in Boltimo Y OCCUR? to	FINDINGS CO AUSES OF DEA Fre City, give ex-	nsidered Th? pet location) 29 19 6 courred on the GNED , 27 9, 1968
MEDICAL CERTIFICATION	DISEASES OF FISE OF THE DEATH O	INTECEDENT R CONDITION CON	II meons the coused CAUSES ONS, if couse (A) I lost. IIONS CONTACT TO THE CONTAC	the disease, deoth.) ony, giving stoling the NTRIBUTING HE TERMINAL TO A LANGE OF THE NORMED TO RMED Ottended to dalive on	WHICH OPERATION A PLACE OF INJURY (e. ne, form, loctory, street, local control of the deceased from t	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE BROUGHOCK 20A. AUTOI YEL 20A. AUTOI YEL 30A. AUTOI YEL 40A Attending Phys. 23D. ADDRESS CREMATORY	PNEUMON CHST PNEUMON CHST PSY? (Yes or No) 2 WHERE DID RY OCCUR? HOW DID INJURY Ond that after death. Med. Director	TISE (S) TISE 20B. IF YES, WERE IN CERTIFYING CA (If in Boltimo Y OCCUR? In (my) (out) op WHOSP, ATION (C)	FINDINGS CO AUSES OF DEA Tre City, give ex inion deoth of 23B, DATE S ACP &	NSIDERED TH? Det locotion) 29 19 6 Courred on the GNED , 279 1968 W.D., 7120 (Sta
MEDICAL CERTIFICATION	DISEASES OF FISE OF THE DEATH OF THE DEATH OF TO THE DEATH OF THE DEAT	Shenio, elc. Silicotion which NTECEDENT R CONDITION CONDITION II CANT CONDIT II CANT CONDITION II CANT CONDITION II CANT CONDITION II	II meons the coused CAUSES ONS, if cuse (A) I lost. IIONS CONT. IION	the disease, deoth.) ony, giving stoling the stoling the stoling the stoling the stoling the stolength of t	WHICH OPERATION L. PLACE OF INJURY (e. ne, form, loctory, street, het with the deceosed fram	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE BROUCHO 20 A. AUTOR YEL 30, in or obout 21 C. V. office bidg., injuly 21 F. F. While 21 F. F. While 21 F. F. While 22 F. F. While 23 D. ADDRESS CREMATORY LONAL	PNEUMON CHST PNEUMON CHST PSY? (Yes or No) 2 WHERE DID RY OCCUR? HOW DID INJURY Ond that after death. Med. Director	TIS WERE (S) TIS 20B. IF YES, WERE N CERTIFYING CA (If in Boltimo Y OCCUR? to	FINDINGS CO AUSES OF DEA Tre City, give ex inion deoth of 23B, DATE S ACP &	nsidered TH? pot location) 29 19 6 ccurred on the GNED , 1968 (Ste Land 1968) (Ste Land 1968) (Ste Land 1968)



B-500

VS 151-REV. 1/1/68

68- 8870 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 68-88
--

BIRTH NO.				REG. NO.	
NAME OF DECEASED	DOO!T	2. DATE Known			eor Hour
(Type or Print) DANIEL	BOONE	OF DEATH Estimated	□ August	30, 1968	12:10 P _M
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	3. DATE	Month		eor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION) OR INSTITUTION	JTION, GIVE STREET	PRONOUNCED DEA 5. USUAL RESIDENCE (12:10 P.
LUTHERAN HOSPITAL (DC	A)	A. STATE Marylan	ıd B	. COUNTY	
6. SEX 7. RACE 8. MARRIE	D X NEVER MARRIED	C. CITY OR TOWN		D. INSIDE CITY AN	(ITS?
Male Negro WIDOWE	D DIVORCED	Baltimore		YES	NO 🗆
	Under 1 Yr. If Under 24 Hrs. onths: Doys: Hours: Min.	E. STREET AND NUMB		2	
	. CITIZEN OF	13. FATHER'S NAME			
Weldon, N.C.	WHAT COUNTRY?	Robert Bo	one		
4A.USUAL OCCUPATION (Give kind of work 148. KIND C	F BUSINESS OR INDUSTRY				
done during most of working life, even if retired)		Roxie Wes			
Paper Hanger 16. WAS DECEASED EVER IN U.S. ARMED FORCES?	17. SOCIAL	18. INFORMANT		ADDRES	
Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO		Danna T		
No	217-20-201		boone,	1730 Bra	ddish Ave.
19.	CAUSE OF DEA				BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Fatty Me	etamorphosis o	of Liver		
LEADING TO DEATH	(A)IMMEDIATE C				
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR A	AS A CONSEQUENCE OF:			
injury or complication which coused death.)					
ANTECEDENT CAUSES	/p\				
DISEASES OR CONDITIONS, IF ANY, GIVING	DUE TO, OR	AS A CONSEQUENCE OF:	~~~~~~~~~~		
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	4-1				
Ž	(C)				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE SEATH BUT NOT RELATED TO THE TERMIND DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FO	1G				
TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).					
20A. DATE OF OPERATION 20B. CONDITION FO	OR WHICH OPERATION W	AS PERFORMED		21	AUTOPSY? (Yes or No)
	on which of Enamon wa	TENT ON THE			Yes (Par t ial)
₹ 22A EXTERNAL CAUSE WAS 22	P DI ACE OF INITIDAY's a	in as about 22C WHERE	DID /IC - Pale		
	B.PLACE OF INJURY(e.g., ome, form, foctory, street, office	e bldg., etc.) INJURY OCC	UR?	City, give exoct loca	non)
22D. TIME (Month) (Doy) (Year) (Hour)	22E.INJURY OCCURRED		ID INJURY OCCUP	8?	
(ADDDOV)		WHILE O			
23. I certify that I held an Inquiry	(Par	rtial)	an this basis, d	legth In my apini	ian
resulted fram: Natural causes 🗓	Accident Suicid			ed manner	
resorted from: Rational causes &	Accident 50icio		CAL EXAMINER	_	
SIGNATURE O Coved M	Karbland	ASSISTANT MEDI		x X	DATE SIGNED
EXAMINER'S Ronald N. Korni NAME (Type)		ASSOCIATE MEDI	CAL EXAMINER	August	t 30, 1968
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY	ar CREMATORY	24D. LOCATION	(City, town, or c	county) (State)
REMOVAL (Specify) Burial 9-4-68	Mt. Auburn	Cemetery	Baltir	more, Ma	ryland
	ME OF REGISTRAR	25C. FUNERAL DI		ADDRE	
SEP 3 1968 (Colon)	B E . Falley MA				dison Ave.

9 6 8 0 0 0 6 8 7 0

Sept. 16, 1910

المعاددات المحادد

Paper Hanger

0 0 0

Robert Boone

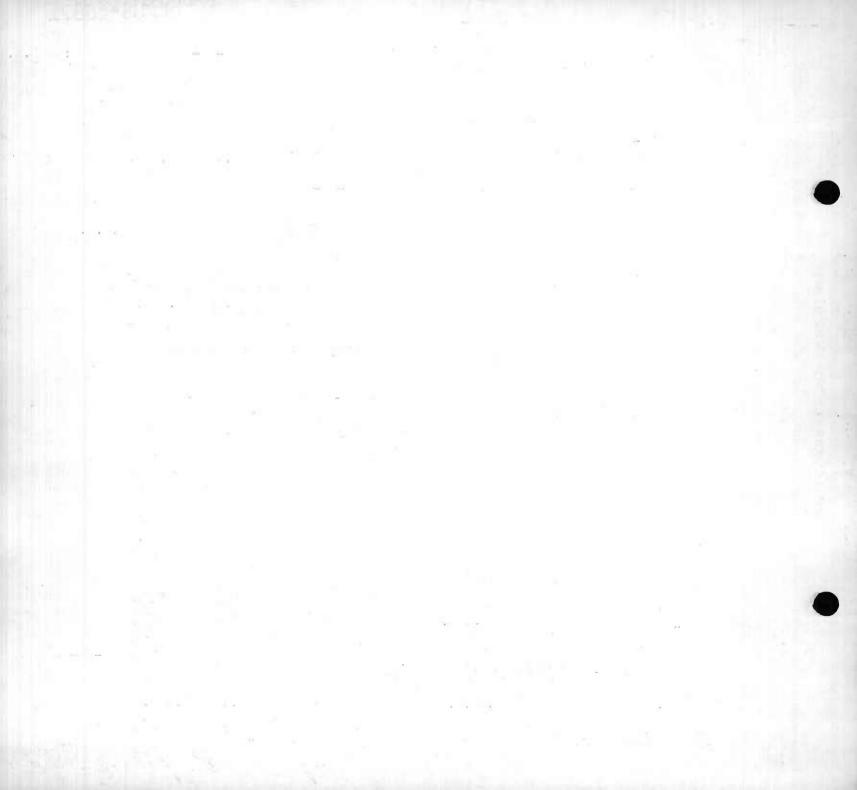
Roxle Hest

217-20-2012 Rosalina Boone, 1736 Braddish eve.

Mt. Auburn Cemetery Saltimore, Margiand

Charles R. Law, 502 Madiagn W

VS 150-REV. 1/1/68

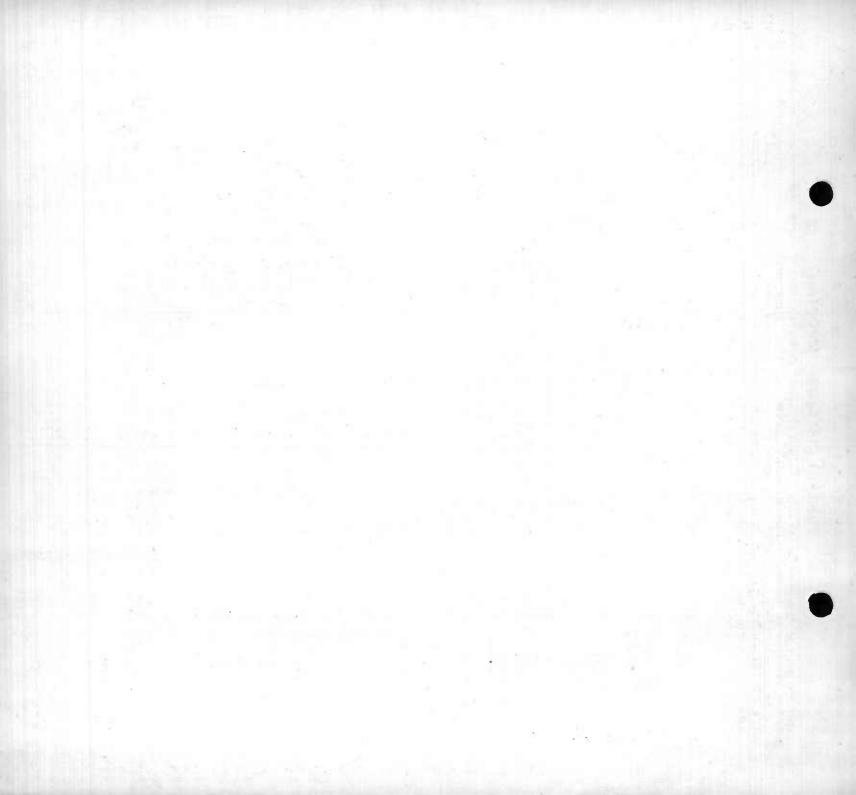


IMPORTANT

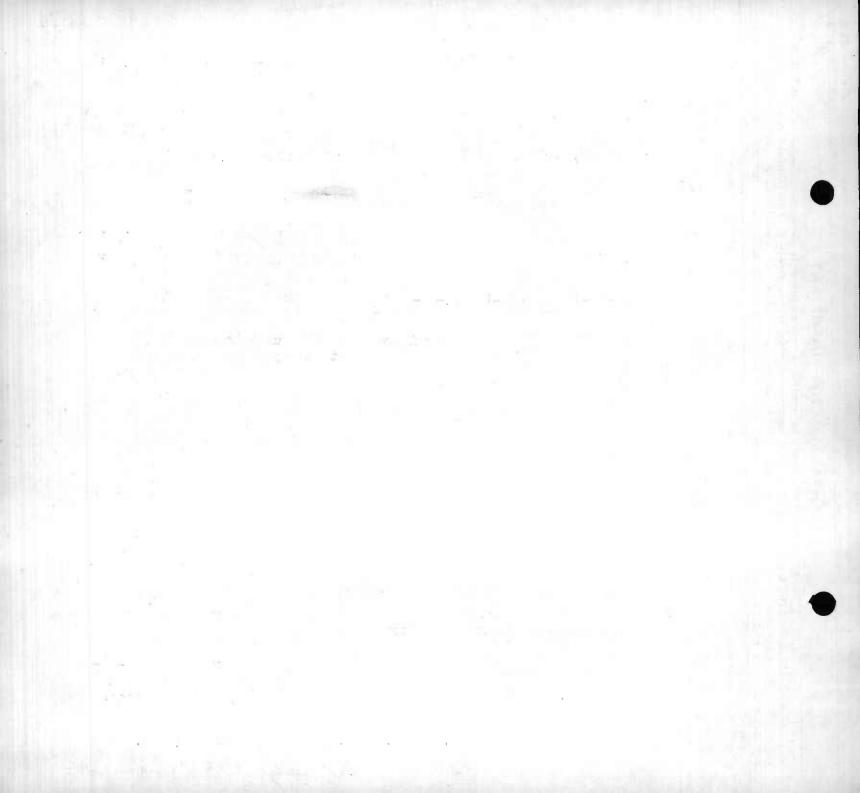
DIRECTOR:

FUNERAL

Hereinstein there was some They was seen that I would " From M. T. Fragon M. D. John Son and M. and Share July



				HEALTH DEPARTMENT		00	0024
DIRECT ALC	68	-8874 CE	RTIFICA1	E OF DEATH	REG. NO	55-	8874
BIRTH NO. 1. NAME OF DI (Type or Print)				2. DATE AN	D HOUR OF DEATH	7:0	OA N
3. PLACE IN B	ALTIMORE, MARYLAND, W	HERE PRONOUNCED DE	AD	4. USUAL RESIDENCE (When	e deceased lived. II i	institution: residenc	e belore odmission)
23 :	VETERANS ADMINISTRATION OF ADDRESS OF LOCAL VETERANS ADMINISTRATION OF A RESERVED AND A RESERVED AS	ISTRATION HOS	PITAL		TIMORE CITY	SIDE CITY LIMITS?	23
5. SEX	6. RACE	7. MARRIED NEVER	MARRIED B	DATE OF BIRTH	9. AGE (In years	II Under 1 Yr.	II Under 24 Hrs.
MALE	NEGROID	1000	IVORCED	March 4.189	lost birthdoy)	Months Doys	Hours Min.
done during most	CUPATION (Give kind of work of working life, even if retired)	10B. KIND OF BUSINESS	OR INDUSTRY 1	BALTIMORE, MAI	gn country)	U. S.	WHAT COUNTRY
PORTER 3. FATHER'S N	AME		1	4. MOTHER'S MAIDEN NAM		0. 0.	A.
	A HENDERSON		1 40	ISABELLE ASH			
5. Wes Deceas	ed Ever in U. S. Armed For wn) (II yes, give wor or dote	ces? 16. SOCIA	L 1	7. INFORMANT VA HOSI	PITAL RECOR	DS ADDR	RESS
YES	11-24-17 TO		01-7397A		OCH RAVEN B		BALTO, MI
18.	5.7		SE OF DEATH			APPR	OXIMATE INTERVAL N ONSET AND DEATH
DISEASES rise la UNDERLYII	amplication which coused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) NG CONDITION lost, II WIFICANT CONDITIONS CO	any, giving sloting the (C)	DUE TO, OR AS A	CONSEQUENCE OF:			
A DISEASE OR	ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PAR OF OPERATION 198, CON	T 1 (A). DITION FOR WHICH OP	ERATION	20 A. AUTOPSY? (Yes at No	20B. IF YES, WERE	FINDINGS CONS	SIDERED
19A. DATE	WAS PERI	FORMED		YES	IN CERTIFYING CA	AUSES OF DEATH	YES
OR CONTRI	DENT WAS UNDERLYING DIBUTING CAUSE OF tily medical exominer	21B. PLACE Of home, form, fo		or obout 21 C. WHERE DID ce bldg., INJURY OCCUR?	(II in Boltime	ore Cily, give exact	locotion)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	(Hour) 21E. INJURY C	Not While At Work	21 F. HOW DID INJ	URY OCCUR?		
that (IX(w		d olive on 30 AU	d) (d%2%&r) vie	19.68and the	19 68 ta 30 at in (mg) (our) ap	AUGUST Dinian death acc	NED
23C. PHYSIC NAME	CIAN'S (Type)		DEGREE			ULEVARD	
	the the	1080	DEGREE		RE, MARYLAN		
REMOVAL	(Specily)		METERY OF CREA	AATORY 24D. L	OCATION	City, town, or coun	ty) (State)
Burial	9/3/6		Natl. C	em. Ba	ltimore,	Md.	Darce
S	EP 3 1968 P	Cub E. Fall		V. R. Suley	1348 71. 4	Elforen a	A.
/S 1S0-REV. 1/	1/6B	1 5 1 6	1,3	1 11 11			



P-620

68- 8875 BALTIMORE CITY HEALTH DEPARTMENT

00-	00/	BALTIMORE CITY HEALTH DEPARTMENT
MEDI	CAL	EVALABLED'S CERTIFICATE OF DEATH

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	88- 8875
BIRTH NO.	KEG. NO	
1. NAME OF DECEASED (Type or Print)	2. DATE Known Month Day	Yeor Haur
ROSE PARRISH	OF DEATH Estimoted 8 31	68 1.35 pM
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD	1060 1 07
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived, if institution: re	1968 1.35 p.M.
	A. STATE B. COUNTY	sidence before damission,
Lutheran Hospital D.O.A.	Maryland	
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY	MITS?
Female Colored WIDOWED DIVORCED	Balto. YES	O NO D
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER	
8/5/93 Iost birthdoy) Months Doys Hours Min.	0.000	The state of the s
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	2703 Loretta Ave.	
WHAT COUNTRY?	13. FATHER 3 NAME	
Maryland U.S.A.	Henry Simmis	
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired)	Y 15. MOTHER'S MAIDEN NAME	
and doring most of working me, even memedy	Kate	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDR	ESS
(Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO.		
No l	Norman Anderson 2703 Laur	
19 CAUSE OF DEA	ATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arteriosc	lerotic cardiovascular disease	
LEADING TO DEATH		
(This does not mean the mode of dying, e.g., (A)IMMEDIATE DUE TO, OR	AS A CONSEQUENCE OF:	
heort foilure, osthenio, etc. It meons the diseose, Injury or complication which coused death.)		
ANTECEDENT CAUSES (B)		
	AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
[Z] (C)		
E 420.1		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W	m a of the stomach	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21	. AUTOPSY? (Yes or No)
ZZA. EXTERNAL CAUSE WAS 228. PLACE OF INJURY (e.g.	, in or obout 22C. WHERE DID (If in Boltimore City, give exact to	No.
O HAIDERIVING TOR CONTRIB	ce bldg., etc.) INJURY OCCUR?	aconomy
UTING CAUSE OF DEATH.		
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
(APPROX) WHILE AI NO	WHILE NORK	
23.		
I certify that I held an Inquiry Inspection XX Au	ond that on this basis, death in my opi	nion
	de Homicide Undetermined manner	
resulted from: Natural causes Accident Suici		
10.17	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE Curled M.Kurble M.	ASSISTANT MEDICAL EXAMINER XX	DAIL SIGNED
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	
NAME (Type) Ronald N. Kornblum, M.		ombor 1 1060
24A, BURIAL CREMATION, 248, DATE 24C, NAME of CEMETERY		county) (Stote)
REMOVAL (Specify)	(5.7)	, , , , , , , , , , , , , , , , , , , ,
Burial 8/4/68 Carver Men	m. Pk. Laurel, Md.	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDI	RESS
SED 9 4000 0 0 0 7 0	11/2 1.0 15.10 -0 0	1. 0.
SEP 3 1968 12 O. S. E. Fallenna	1. 1. Duly : 1340 71. Cal	Mon It
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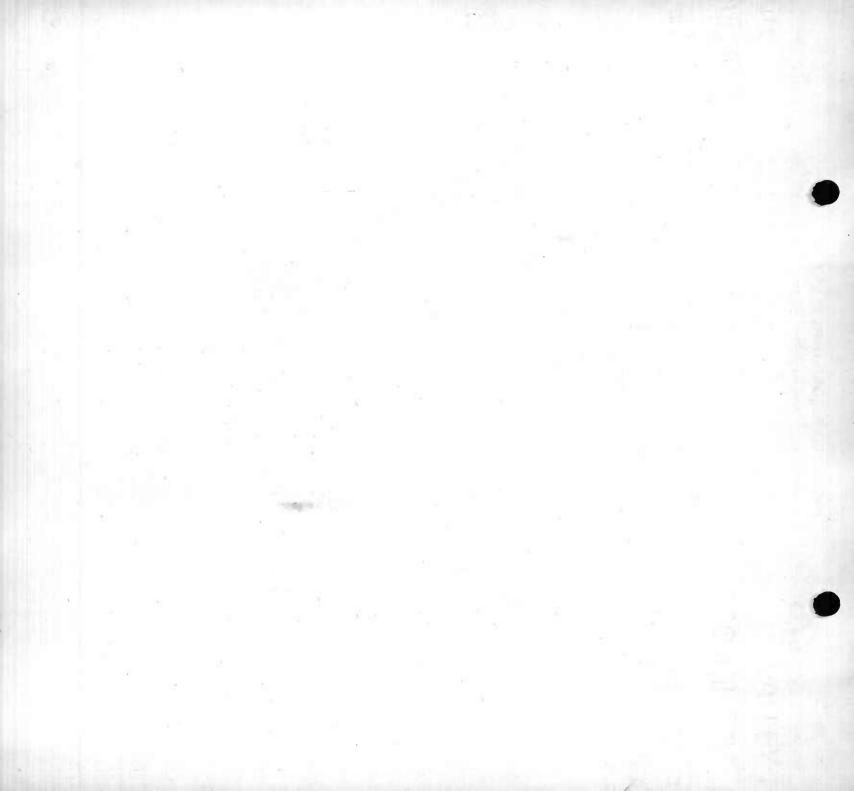
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BALTIMORE CITY HEALTH DEPARTMENT 68- 8876 CERTIFICATE OF DEATH REG. NO. BIRTH NO I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) DELANEY, VINCENT SR. SEPTEMBER 1, 1968 1-12 p.m. M.
USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE B. COUNTY MARYLAND (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR ADDRESS ON COUNTRY HOSPITALS C. CITY OR TOWN BALTIMORE YES 4940 EASTERN AVENUE E. STREET AND NUMBER BALTIMORE, MARYLAND 21221 2828 DENHAM CTRCLE 5. SEX 6. RACE B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Days 7. MARRIED NEVER MARRIED If Under 24 Hrs. last birthday) Hours MALE NEGRO 2-26-11 WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) MARYLAND U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Delaney THOMAS MASON, PEARL --15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMANT ADDRESS final (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. BCH RECORDS: 4940 EASTERN AVE. 21224 no CAUSE OF DEATH 10 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH HEPATIC (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF emba heart foilure, osthenio, etc. It meons the diseose, injuly of complication which coused death.) POORLY DIFFERENTIATED ANTECEDENT CAUSES LUNG, METASTATIC mos. DISEASES OR CONDITIONS, if ony, DUE TO, OR AS A CONSEQUENCE OF to the obove couse (A) stoting the UNDERLYING CONDITION lost. remains 163 X CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) the 19A. DATE OF OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198 CONDITION FOR WHICH OPERATION WAS PERFORMED /30/68 diagnosis 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, farm, factory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) MEDI obtained 21 D. TIME OF INJURY (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? While At Not While (APPROX.) At Work Work July 22. I certify that (1) (this haspital) attended the deceased from September September 1968 that (1) (we) last saw the deceased alive an and that in((my)) (aur) apinion death accurred on the date and hour and from the causes stated above. (1) (1) e) ((did) (did nat) view the bady after death. must 23A. SIGNATURE 23B. DATE SIGNED Attending 9/1/68 approval 23C. PHYSICIAN'S 23D. ADDRESS EASTERN AVE. 4940 NAME (Type) DAVID SHAW, M.D. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C, NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) 9-6-68 08 Arbutus Mem. Arbutus 25A. DATE REC'D BY HEALTH DEPT. 2SC. FUNERAL DIRECTOR Vernon R. Bailey 1348 N. Calhoun St.



L-520

VS 151-REV. 1/1/68

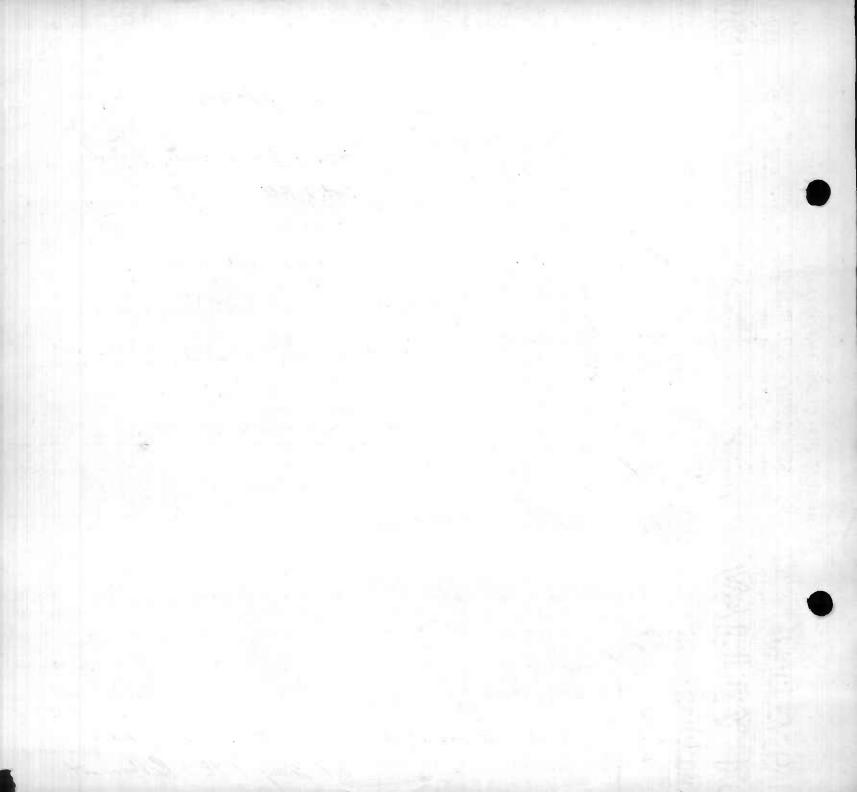
88- 8877 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	68-	8877
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BIR	TH NO.	CLI	KIIII	CAIL	. Or	DEAT	REG. NO.		
1. [NAME OF DECEASED	2.	DATE	Knawr		Month	Doy	Yeor	Hour
(Type or Print)					ated [
4. 1	JAMES LOMAX PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3.	DEATH	Comme		9 Month	Doy	68 Yeor	2:35 a M.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET			PRONOL	NCED D	EAD	111011111	507	,	
HO	SPITAL ADDRESS OR LOCATION) INSTITUTION					ptemb		1968	2:35 a M
OK	IN SHORON		STATE	SIDENC	E (Where	dece osed li	ved. If institution: B. COUNTY	residence b	pefore admission)
(716 N. Gilmore St. D.O.A.			vlan	d				
6. 5		☐ C.	CITY OR	TOWN			D. INSIDE CIT	Y LIMITS?	4
	WIDOWED DIVORCED		0.1.				YE	T	
9. (DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 I	Hrs. E.	Balto STREET A	ND NU	MBER		12 (3) 10	م ليود	10 🗆
A	Manths, Days, Hours	Min.							
A	BIRTHPLACE(State or foreign country) 12. CITIZEN OF	12	716 FATHER	N. G	ilmor	e St.			
	MUAT COUNTRY?	13.	_						
	va. U.S.A.					omax			
14A done	.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDU: during most of working life, even if retired)	STRY 15	MOTHER	e's MAID	EN NAM	AE .			
			193	arv					
	WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18.	. INFORM	ANT			AD	DRESS	
(10:	i, no or unknown) (If yes, give wor or dates of service) SECURITY NO.		Geor	oria	Loma	Y	Same		
	19. CAUSE OF I	DEATH	4001	514	Dome	· AL	Dame		PROXIMATE INTERVAL
	41204								EEN ONSET AND DEATH
		ioscl	lerot:	ic ca	rdiov	ascul.	ar disea	se	
	LEADING TO DEATH (This does not mean the mode of dying, e.g., DIE TO								
	heort failure, osthenia, etc. It means the disease,	OR AS A	CONSEQ	UENCE O	F:			= -	
	Injury or complication which caused death.)								
	ANTECEDENT CAUSES (8)								
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO,	OR AS	A CONSEC	UENCE (OF:				
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.								
2	(c)								
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
S	TO THE DEATH BUT NOT RELATED TO THE TERMINAL UTINAL	ry ti	ract :	infec	tion			-10	
H	DISEASE OR CONDITION GIVEN IN PART 1 (A).								
兴	20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION	WAS I	VAS PERFORMED 2						PSY? (Yes or No)
									No
EDICAL	22A. EXTERNAL CAUSE WAS 22B.PLACE OF INJURY (e.g., in or about 22C. WHERE DID (If in 80ltimore City, give exact location)								
0	UNDERLYING OR CONTRIB- home, form, foctory, street, office bidg., etc.) INJUKY OCCUR? UTING CAUSE OF DEATH.								
Σ	22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR?								
	OF INJURY (APPROX.) WHILE AT NOT WHILE								
	23.								
	I certify that I held on Inquiry Inspection A Autopsy ond that on this basis, death in my opinion								
	resulted from: Natural causes Accident Suicide Homicide Undetermined monner								
	CHIEF MEDICAL EXAMINER								
	ACTUAL A LA SA VA						xx		DATE SIGNED
	SIGNATURE U World VI Jeans	M.D.	ASSI	IANI MI	EDICALE	XAMINER	[AA		
	EXAMINER'S		ASSO	CIATE MI	EDICAL E	XAMINER			1 1000
0.4	NAME (Type) Ronald N. Kornblum, 1		CDEMATO	DV	lara	OCATION		ember	
	A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETE MOVAL (Specify)	EKT OF	CKEMAIC	KT	24D.	LOCATION	(City, town,	or county) (State)
	Burial 9/5/68 Mt Auburn	Cem	1.		Ba	ltime	ore. Md		
25/	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR		25C. F	UNERAL				DRESS	
	SEP 3 1968 O. D. & E. Farbura		11/	OR	. 0	150	10 m 6	16	Pi
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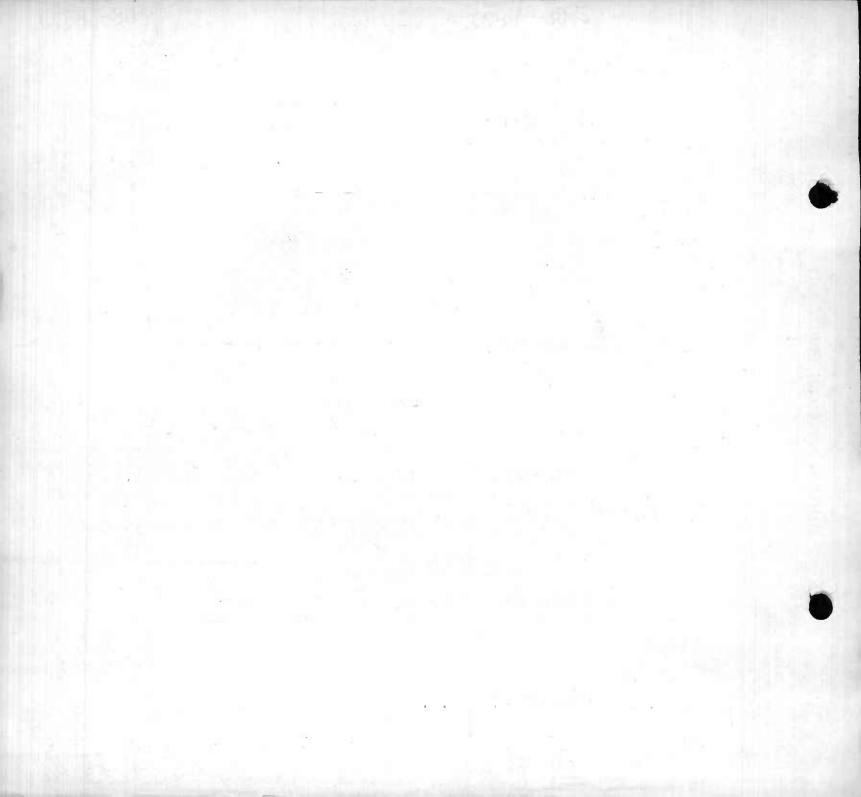
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	05	BALTI/	MORE CITY HEALTH D	EPARTMENT		60 0000
BIRTH NO		3- 8878 CER	TIFICATE OF	DEATH	REG. NO	68-8878
	OF DECEASED			2. DATE ANI	D HOUR OF DEATH	
Type or Pr	FINCHER.	VIOLA		99	pm	8.30.68 M
3. PLACE	IN BALTIMORE, MARYLAND, V	WHERE PRONOUNCED DEAD	4. USUAL A. STATE	RESIDENCE (Where	deceosed lived. If in	nstitution: residence before admission)
FULL NAME HOSPITAL	ME OF (IF NOT IN HOSPI . OR ADDRESS OR LOC	TAL OR INSTITUTION, GIVE	C. CITY OR	PURY/C	IN ON INS	DE CITY LIMITS?
43	WAL HOSPITAL	BALTIMORE	BAL:	AND NUMBER		YES NO .
100	l/ 24 22		7/0		KISON	Blud.
S. SEX	F NEERO	7. MARRIED NEVER MA	= 0/		ost birthdny	Months Doys Hours Min.
IOA, USUAI	L OCCUPATION (Give kind of wor		ORCED	ACE (State or foreign	an country)	12. CITIZEN OF WHAT COUNTRY
done during	most of working life, even if retired)				N. VIRCINI	
13. FATHER	R'S NAME			R'S MAIDEN NAM)	1 000,
	GEORGE W	ARNER FUL	LER A	NUY E	THERIDGE	5
S. Was De	eceased Ever in U. S. Armed Fo unknown) (If yes, give wor or dot	orces? 16. SOCIAL SECURITY	NO. 17. INFORM			ADDRESS
unicro		444		GLADYS	SCOTT	
18.0	11.9		OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION D			400		
(This	daes not mean the made of	(A) IMA	AEDIATE CAUSE		abscess c	Possible (2 mos)
heart	failure, asthenia, etc. It mean:	s the disease,	TO, OR AS A CONSEQUE	NCE OF:		
injury	ar camplication which cause	<u></u>	12 21	IA TILAT	1/15 / 70	
DICEA	ANTECEDENT CAUSE	(B)	TO, OR AS A CONSEQU	JA ICHAY	HAHD COTT	17471607
	ASES OR CONDITIONS, il la lhe abave cause (A)		CHERIDDEN -		De Calorie	
	ERLYING CONDITION last.	(c).[(SCHOOL IV	- wency	DI SKISCE	
	02./	A LITERIALITY OF				DOM DESCRIPTION
E TO TH	R SIGNIFICANT CONDITIONS CO	THE TERMINAL	×		*******************	4 yeen ago
DISEAS	SE OR CONDITION GIVEN IN PA			TOPSY? (Yes or No)	208. IF YES, WERE	FINDINGS CONSIDERED
19A. D.						
_ OR CO	ACCIDENT WAS UNDERLYING [ONTRIBUTING CAUSE OF H (notify medical examiner)	21 B. PLACE OF IN home, form, foctor etc.)	JURY (e.g., in or obout 21 (y, street, office bldg., IN.	JURY OCCUR?	(If in Boltimo	re City, give exact location)
Q 21 D. TI		(Hour) 21E. INJURY OCC	URRED 211	F. HOW DID INJU	JRY OCCUR?	
OF IN		While At Work	Not While At Work			
22. 1	certify that (1) (this hospita		0	20 1	9 68 ta	\$ 30 19 GA
	(I) (we) last saw the deceas					nian death accurred an the date
	nour and fram the causes sto				, (m), (ae, ap)	de la companya de la
	IGNATURE	333737 (17 (17 6) (310)	The state of	o, and death.		23B. DATE SIGNED
	Gian (assi and M.D	Attending Phys.	Med. Director	Staff Phys.	8.31.68 120 am
23 C. PH		aggi and M.D	23D. ADDRES		, 31	1001 60 10
N.	CIAN	CAGGIANO	050955	Sinailt	Datigod	Balto. MD
24A. BURIA	AL CREMATION, 24B. DATE OVAL (Specify)	24C. NAME of CEME	TERY OF CREMATORY	24D. LO	CATION (C	ity, town, or county) (Stote)
1	E16/ 9-4-6	8 mt Aubur	N Cem.	R	Himore	mol.
	E REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR		NERAL DIRECTOR	Himore.	ADDRESS
	AFI 9 1200	Mobile E. To	went to	Brilly 1	1348m. A	clean St.
	V. 1/1/6B		"Mart	25		1



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BALTIMORE CITY HEALTH DEPARTMENT

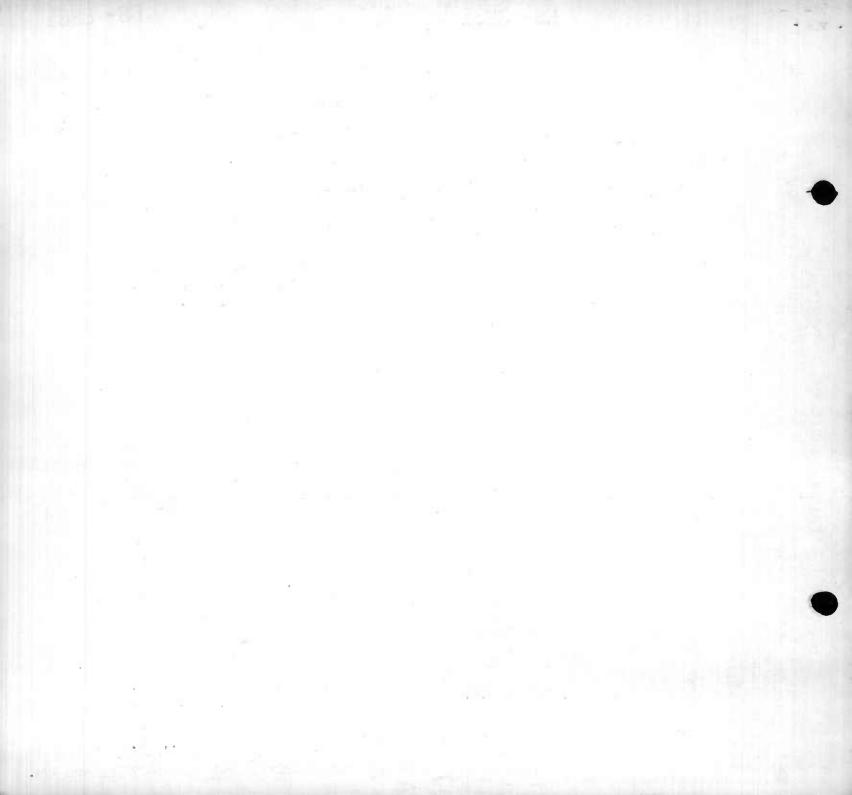


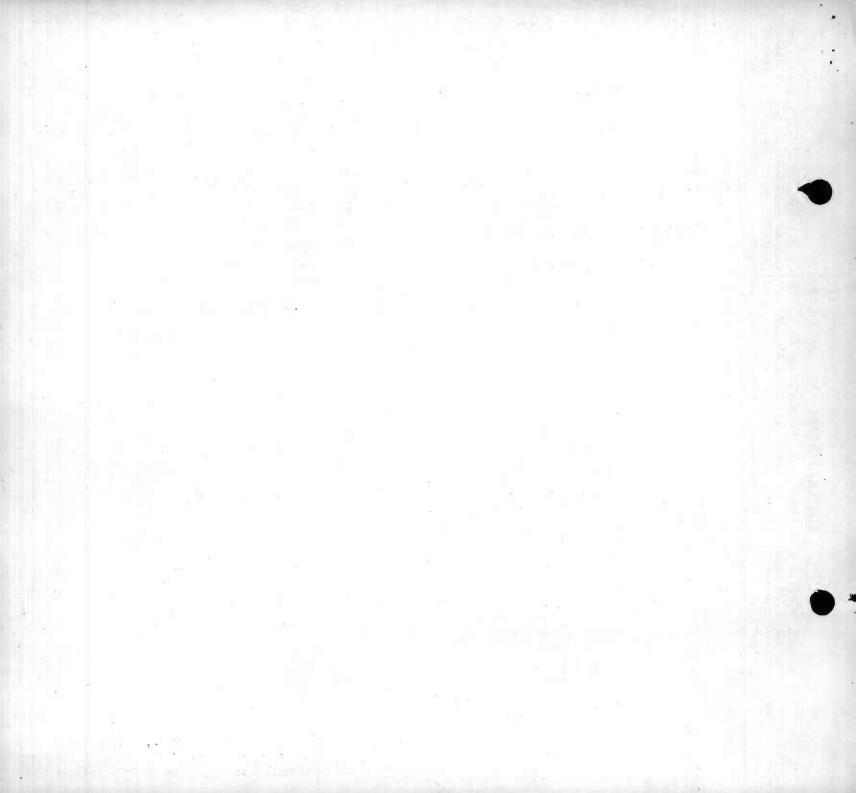
00 0		HEALTH DEPARTMENT		CQ. 0000
68- 8	880 CERTIFICA	TE OF DEATH	REG NO.	68-8880
BIRTH NO.	021(11110)			
(Type or Print) MARGARET +	HAWKINS		8/28/68	1 8 PM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONOUNCED DEAD	4. USUAL RESIDENCE (Whe	ere deceased lived, 1	f institution: residence before admission)
FULL NAME OF HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN	Bals	NSIDE CITY LIMITS?
MAUTILEDIAN HOSP	ITAI	DALTIMORE		YES NO
TO HEIGHN HOST	((/-)	E. STREET AND NUMBER 28 27 TEI	UNESSE	AVE.
5. SEX 6. RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday).	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
FEMALE WHITE WIDO	WED DIVORCED	9/15/13	54	Williams Doy's Hours 14th.
OA. USUAL OCCUPATION (Give kind of work 10 B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State at fare	eign country)	12. CITIZEN OF WHAT COUNTRY
done during mast of working life, even if retired)				
Housewife	Own Home	Idaho		USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Charles Buck		ריהו	lorence	Barrett
5. Was Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT	roranda	ADDRESS
Yes, na ar unknown) (If yes, give war or dates of serv	ice) SECURITY NO.	The state of the s		Glen Burnie, Md.
No	218-18-7979	Paul C. Hawi	dins. 517 E	Elizabeth Rd.
18.451.01	CAUSE OF DEAT	H		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	DULMON	ARY EMROI	ISM	1011 -
LEADING TO DEATH	(A) IMMEDIATE CAL	ISE LIIDUL	(-)) [12 HOURS
(This does not meon the made of dying, heart failure, aslhenia, etc. It means the dise	e.g., DUFTO OR AS	A CONSEQUENCE OF:		
injury ar complication which coused death.)	TIPONADA	DILLEDITIS	ITLEG	7 2 2016
ANTECEDENT CAUSES	HICOPO	PHUEBITIS,	LIILEC	DAYS
DISEASES OR CONDITIONS, if ony, gi	(B).	A CONSEQUENCE OF:		
rise to the obove couse (A) stoting	11.19	A CONSEQUENCE OF		
UNDERLYING CONDITION Iosi.	(c)			
463 X 11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG			
☐ TO THE DEATH BUT NOT RELATED TO THE TERMIT ✓ IDISEASE OF CONDITION GIVEN IN PART 1 (Δ).	NAL			
19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	O) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	fif in Dulas.	more City, give exoct locofign)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	hame, farm, factory, street, at	fice bldg., INJURY OCCUR?	(IT IN BOITH	more City, give exoct locotion)
0		015 110 11 110		
OF INJURY (Manth) (Day) (Yeor) (Hour)	21E. INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
< (APPROX.)	White At Nat While At Work	e 🔲		
22. I certify that (I) (this haspital) attend	1	8/07	19 68 to	8/28 1968
	0/20	1 . 1 0		
that (I) (we) last saw the deceased alive	on 2/42	19.6.8and th	nat in (my) (aur)	apinion death accurred an the date
and haur and from the causes stated above	re. (1) (We) (did) (did nat) v	iew the body after death.		
22A CICNIATURE				23B. DATE SIGNED
Oseav E. Februard	un MID. Atte	nding Med.	Staff Phys.	8/28/68
ON BUYER CLANKS	DEGREE Phy		Phys.	0/20/00
Osav E. Fernando 23C. PHYSICIAN'S NAME (Type) OSCAR E. FERN	VANDINI MID	Luther	an Host.	. /
	C. NAME of CEMETERY OF CRI	MATORY 24D. L	OCATION	(City, town, or county) (State)
Burial 31 Aug. 68	Holy Cross Ceme	terv	Baltimore	, AA Co, Nt. 21225
4	A 797 A			
SEP 3 1968 (F.O.)	Ob E. Farberna	Rirkley Fune	ral Home.	Glen Burnie, Mi.
VS 150-REV. 1/1/6B		O O U		

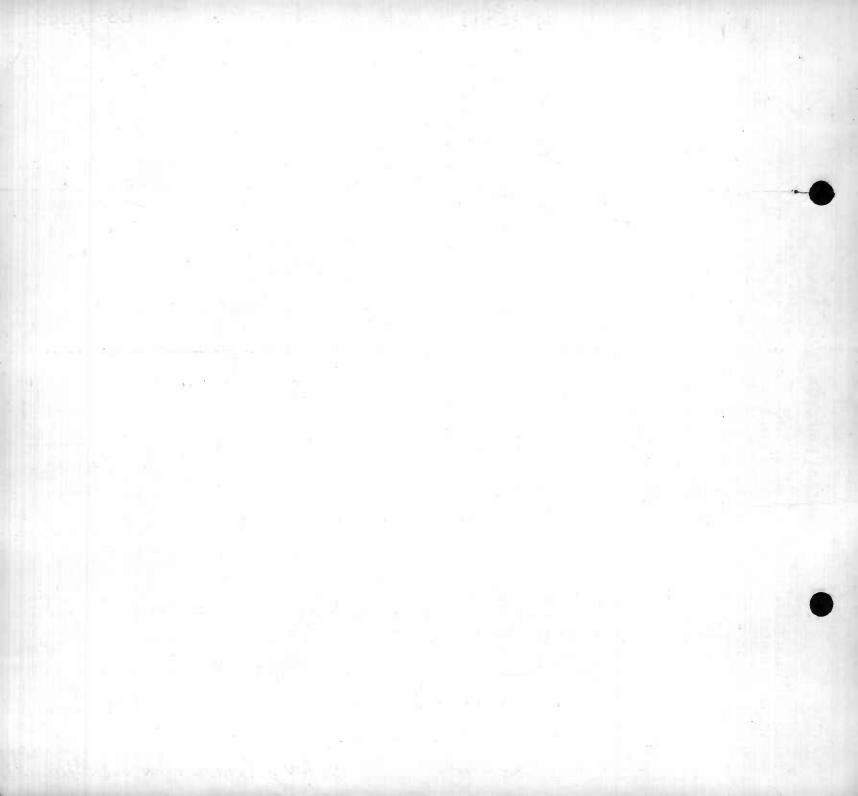
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Straig. Straig. St. moly Usona Unixery Hardy Name of March 18:55

0-625	68	- 888		TE OF DEATH	REG. NO	68- 8881
BIRTH NO. 1. NAME OF DECEASI (Type or Print)	ED A	/	O O		AND HOUR OF DEATH	1
	Mari	ganet	K. ORGa	wt S	8/3//68	19:00 AM
3. PLACE IN BALTIM	DRE, MARYLAND, W	HERE PRONOL	UNCED DEAD	4. USUAL RESIDENCE (WHA. STATE B. COU		institution: residence before odmission)
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET		LT IMORE (53-00
INCITITION	LTIMORE CI		TTAIS	C. CITY OR TOWN	D. IN:	SIDE CITY LIMITS?
	40 EASTERN			E. STREET AND NUMBER	21220	YES NO A
	LTIMORE, M.		21224	1117 STEPHEN	DR. 21220	
	ACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
FEMALE	WHITE	WIDOWED	DIVORCED	1-26-15	lost birthdoy) 53	Months Doys Hours Min.
toA, USUAL OCCUPA		108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
Housewi		Hom	ne	PENNSYLVANIA		USA
13. FATHER'S NAME				14. MOTHER'S MAIDEN NA	AME	
I	ONESSO, JO	SEPH		Teresa Cor	rotto	
15. Wos Deceosed Eve			1 6. SOCIAL	17. INFORMAN BCH: 4		ATTRE ADDRESS
(Yes, no or unknown) (If	yes, give wor or dote	s of service)	193 10 3659 F		ALTO., MD. 2	
18. / / 2 /			CAUSE OF DEATI		11200, 1200	APPROXIMATE INTERVAL
DISEASES OR rise to the o UNDERLYING C OTHER SIGNIFICAL TO THE DEATH BI DISEASE OR CONE	ECEDENT CAUSES CONDITIONS, if bove couse (A) ONDITION lost. II NICONDITIONS CO JI NOT RELATED TO TI JITION GIVEN IN PAR ERATION 198. CON WAS PERI	NTRIBUTING HE TERMINAL T 1 (A). DITION FOR V	(c)	G(enshal He A CONSEQUENCE OF:	No) 208, IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF OP	WAS PERI			Yes	YE YE	AUSES OF DEATH?
OR CONTRIBUTION DEATH (notify men	VAS UNDERLYING C G CAUSE OF dicol exominer)	21 B. hom etc.)	e, form, foctory, street, of	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltime	ore City, give exact location)
	onth) (Doy) (Year)	1	INJURY OCCURRED ILE At Not While the At Work	21 F. HOW DID IN	JURY OCCUR?	
22 L certify the	(I) (this basnital		he deceased from	8/26/	19 6 8 to	8/3/ 1968
that (1) (we) las	t saw the decease	d alive an	8/3//		that in (my) (aur) ap	oinian death accurred an the date
23A. SIGNATURE	im the causes stat	red abave.) (me) (did) (did nat) v	iew the bady after death	•	23B, DATE SIGNED
110	OAk.	11 1	/// // Dh	nding Med.	Staff Phys.	8/31/68
23C. PHYSICIAN'S NAME (Type)	PAUL R. KA	LKUT M.	DEGREE	23D. ADDRESS BCH: 4	940 EASTERN	AVE.
24A. BURIAL CREMAT	ION, 24B, DATE	/24C. NA	OEGREE		ALTO., MD. 2	City, town, or county) (State)
REMOVAL (Special	9/3/6		eland Memoria			
25A. DATE REC'D BY	-1-1		OF REGISTRAR	Park Ba	Itimore Col	ADDRESS
SE	3 1968		E. tarbeyna	1	uneral Home	1407 Eastern Ave.
VE 160 BEV 1/1/48				0		T.AL DESCRIPTION



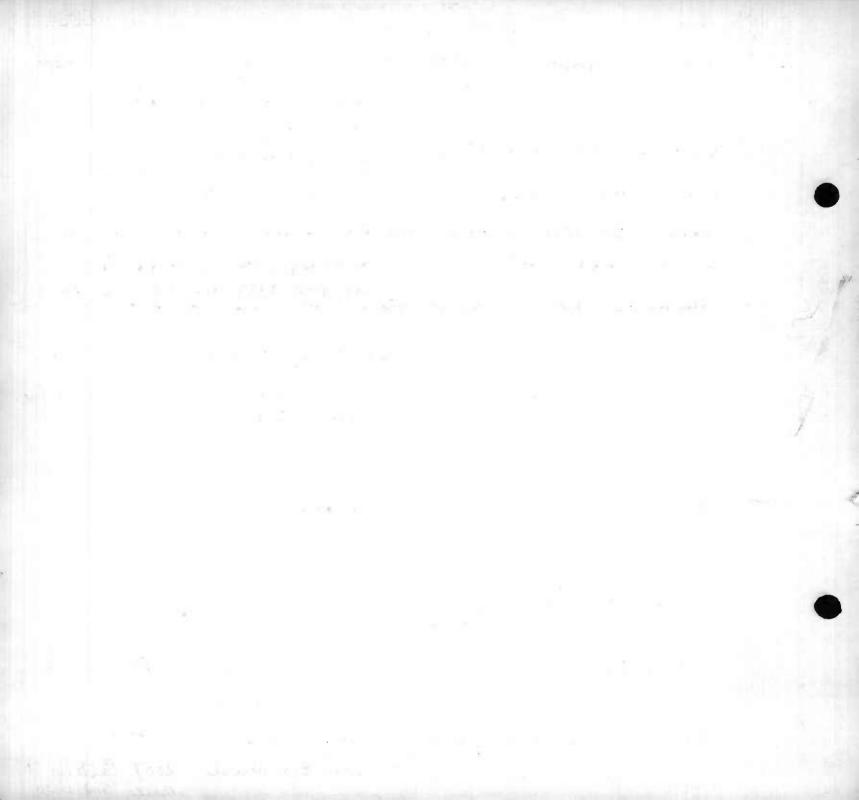




IMPORTAN

DIRECTOR:

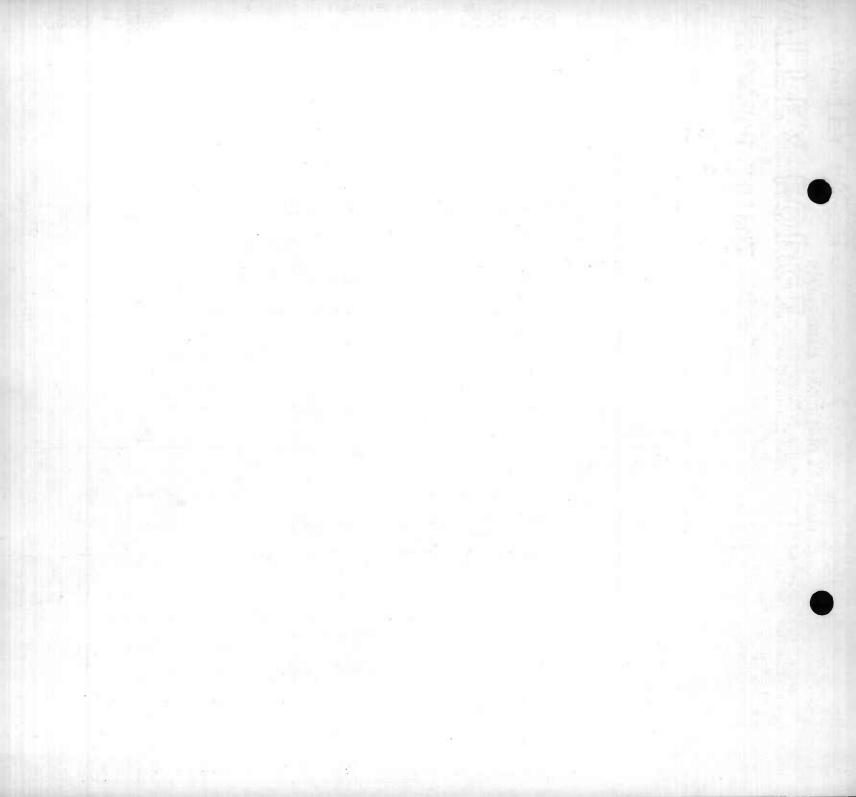
FUNERAL



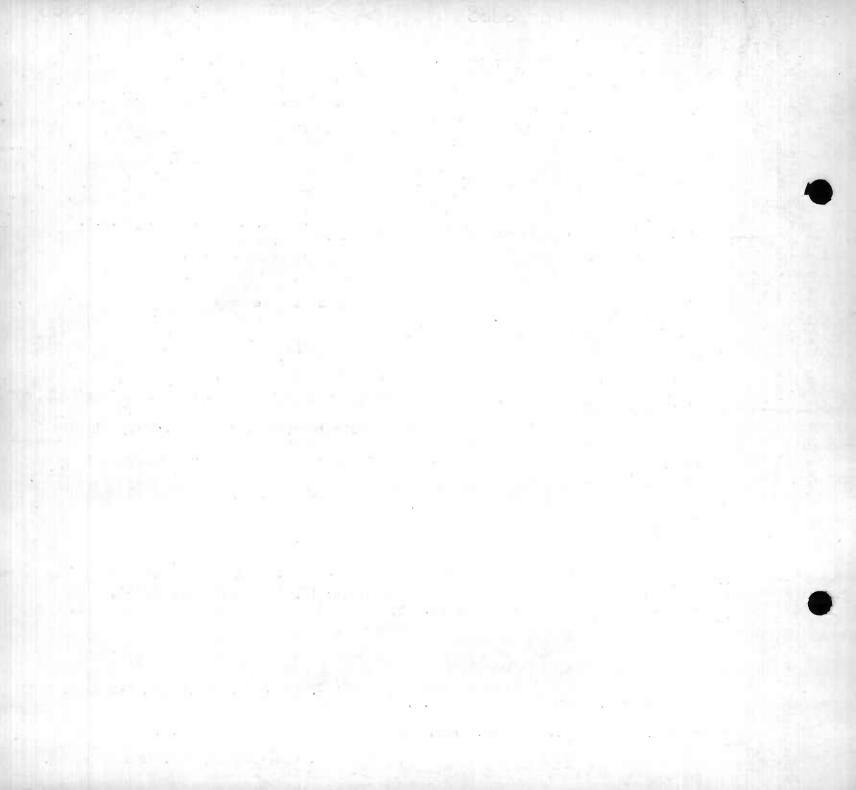
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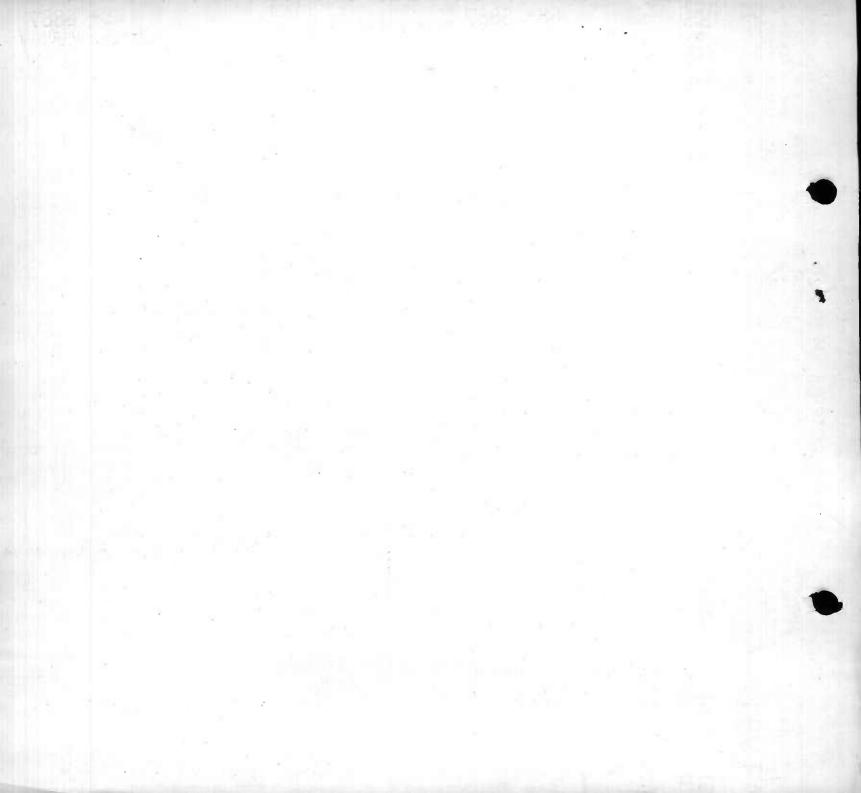
00 00	BALTIMORE CITY H	HEALTH DEPARTMENT		CQ_ QQQE
68- 88	CERTIFICAT	E OF DEATH	REG. NO	68- 8885
BIRTH NO.		I		
I. NAME OF DECEASED Type or Print)	200.	2. DATE AN	D HOUR OF DEATH	0 15
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (When	e deceosed lived. If in	stitution: residence before admission
		A. STATE B. COUN	TY .	21 2
FULL NAME OF (IF NOT IN HOSPITAL OR INS HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INS	DE CITY LIMITS?
20		Ballenisse		YES NO NO
38		E. STREET AND NUMBER		
- University Hosp.		872 6 arr	oll St.	
SEX 6. RACE 7. MARRI	ED NEVER MARRIED 8		ost birthdoy)	II Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
make white WIDOW		2/25/1900	68	
A, USUAL OCCUPATION (Give kind of work 10B. KIND one during most of working lile, even if retired)	OF BUSINESS OR INDUSTRY	1. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTR
Mess Stathoner Mus	es Horking Islasse	Fumberland	me l.	2. S.A.
FATHER'S NAME	1	MOTHER'S MAIDEN NAN	1E	
a chant mal	2 444	10 H	1.4.	
. Wos Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	7. INFORMANT	wein	ADDRESS
es, no or unknown) (If yes, give wor or dotes of service	e) SECURITY NO.	1.01.	A	above
-he -	2	ma dellean	-U. nel	ton
18.	CAUSE OF DEATH		4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Care	una R	restall	OP IT
	(A) IMMEDIATE CAUSE	,		Jugel 10 mes
(This does not meen the mode of dying, e heart failure, osthenia, etc. It means the disea	DUE TO, OR AS A	CONSEQUENCE OF:	/	
injury or complication which coused death.)				
ANTECEDENT CAUSES	(a)			
DISEASES OR CONDITIONS, if ony, giv	ing DUE TO, OR AS A	CONSEQUENCE OF:		***************************************
rise to the obove cause (A) stoling UNDERLYING CONDITION lost.				
	(C)			
Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	ıc			
TO THE DEATH BUT NOT RELATED TO THE TERMIN				
DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 198. CONDITION FO		700	IN CERTIFYING CA	USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If In Boltimar	e City, give exoct location)
OR CONTRIBUTING CAUSE OF	home, form, loctory, street, officetc.)	e bldg., INJURY OCCUR?	,	.,
	21E. INJURY OCCURRED	21 F. HOW DID INJU	IRY OCCUP?	
Of Misoki	While At Not While		JAI OCCUR:	
(APPROX.)	Work At Work			1 - 10
22. I certify that (I) (this haspital) attende	d the deceased from 2	114/	953 ta	8/28 1968
that (I) (we) last saw the deceased alive a	0/11	1110		nian death accurred on the da
and hour and from the causes stated above	0/1	-0	,, (,),	
23A. SIGNATURE	(1) (ala not) vie	w me body differ death.		23 B. DATE SIGNED
John Plupe	Attend	ling Med.	5taff	D/201/05
200 Diversion No.	DEGREE Phys.	Director U	Phys. \square	8/00/00
23 C. PHYSICIAN'S NAME (Type)	23	D. ADDRESS	1 . +	RILL
JOHN 1. URL	OCK VR DEGREE	1227 Wa	ungl.	u Ruo
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	NAME of CEMETERY OF CREM	ATORY 24D. LC	CATION (C	ty, town, or county) (State)
-Rusial 8/31/68	Ludge Pal	A. 10	11 Freder	ik - Mal mit
	TE OF REGISTRAR	2SC. FUNERAL DIRECTOR	outen	ADDRESS
SEP 3 1968 (P.O.				

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VS 150-REV. 1/1/6B



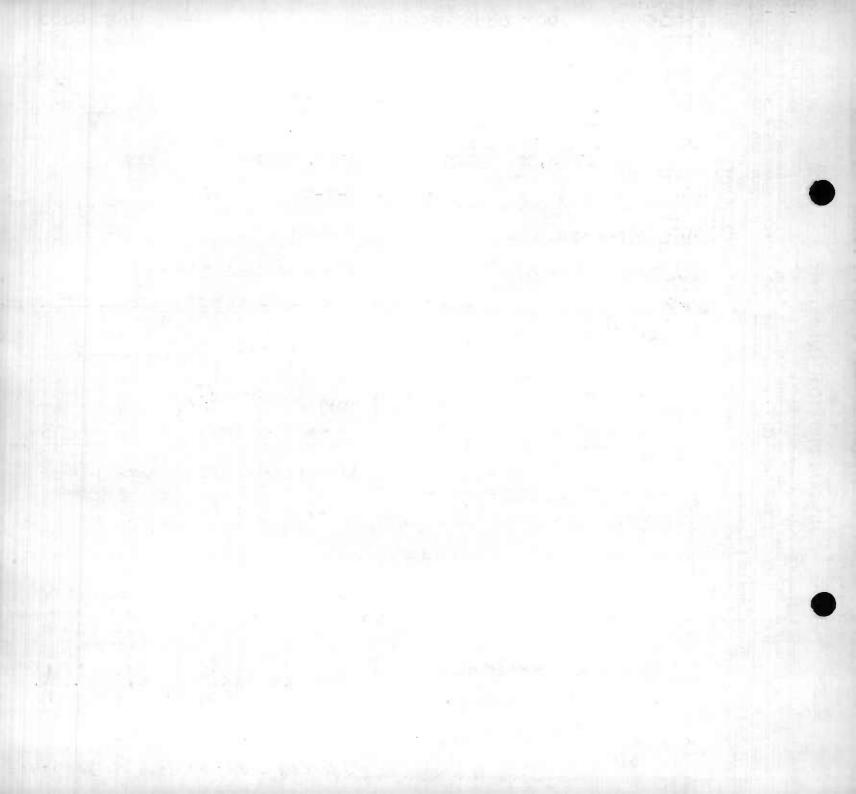


was D.O.A. at a hospital (except where the physician who pronounced death was deceased prior to death); and (6) No physician was in regular attendance on the the body was released to the hospital by a medical examiner.

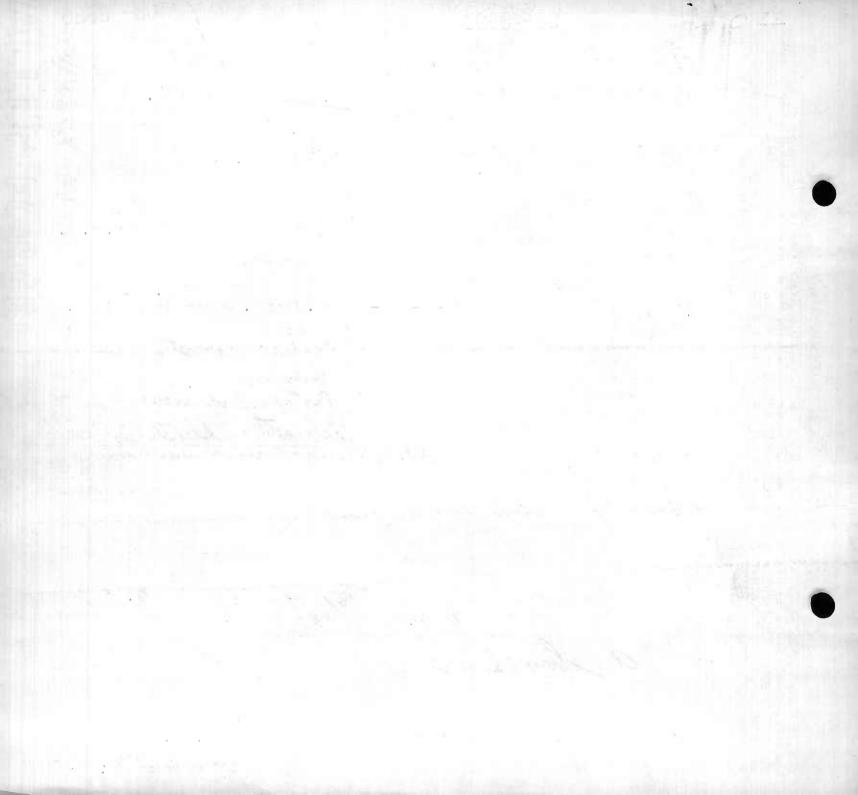
VS 150-REV.

OF (IF NOT IN HOSPITAL O	RINSTITU	TION, GIVE STREET	MA	RYLAND			-	g-
R ADDRESS OR LOCATION	4)		C. CITY OR TOWN D. INSIDE CITY LIMITS?					
BALTIMORE CIT	Y HOS	PITALS	BALTIMORE DES X NO					
4940 EASTERN			E. STREET AND NUMBER					
BALTIMORE, MD			135 N. BROADWAY #21231					
		1224		OF BIRTH	9. AGE (In years		1 V. 16 U.	der 24 Hrs.
	DOWED	NEVER MARRIED DIVORCED		8-13	last birthday)	If Under Manths	Days Haurs	Min.
CCUPATION (Give kind of work 108.	KIND OF					12. CITIZ	EN OF WHAT	COUNTRY?
ist of working life, even if retired)								
MOULDER			VIR	GINIA		U	DA	
NAME			14. MOT	HER'S MAIDEN NA	AME			
TON HITT			A	VNIE	SHIFS	CAE 7		
ased Ever in U. S. Armed Farces?		1 6. SOCIAL	17. INFO	RMANT			ADDRESS	
nawn) (If yes, give war ar dates af	service/	232-01-8136	RECO	RDS -BCH-	4940 EASTERN	AVENU	E.BALTI	MORE . MD
72 X N-011,9		CAUSE OF DEAT	Н				APPROXIMATE	INTERVAL
SEASE OR CONDITION DIRECT	LY			^				
LEADING TO DEATH		(A) IMMEDIATE CAU	ISE	Anox	cia		181	HOURS
es nal meon the made of dyir		DUE TO, OR AS	A CONSEC	UENCE OF:				
lure, asthenia, etc. It means the camplication which caused deal								
ANTECEDENT CAUSES		b		-1				
S OR CONDITIONS, il any,	giving	DUE TO, OR AS	A CONSE	DUENCE OF:				
the above cause (A) stol		552 10, 511 10		GOLINGE OV.				
YING CONDITION last.		(c)	Tang P		Nove			
7 / II								
ONITIONS CONTRI DEATH BUT NOT RELATED TO THE TE OR CONDITION GIVEN IN PART 1	RMINAL		Tu	bercul	0513 + (ancer		
E OF OPERATION 198. CONDITION WAS PERFORM	N FOR W	VHICH OPERATION	20 A.	AUTOPSY? (Yes ar)	Na) 208. IF YES, WERE IN CERTIFYING CA			
TRIBUTING CAUSE OF	21 B.	PLACE OF INJURY (e.g., i e, farm, foctary, street, al	n ar about fice bldg.,	21C. WHERE DID	(If in Boltimo	re Cily, give	exoct lacotion)	
natify medical examiner)	CICO							
E (Month) (Day) (Year) (He	21 E.	INJURY OCCURRED		21F. HOW DID IN	NJURY OCCUR?			
	Whil	le At Nat While At Work	e \square					
.:(.1 (1) (.1 :- 1 : - 1)			6	10	1968 to	*	29	1966
rtify that (1) (this haspital) att (we) lost sow the deceased al					that in (my) (our) op	inion deot	propose sough serversed .	
r and from the couses stated a								
ATURE	DO 10. (1)	/ (e/ (d/d/ (d/d/ i/o// v	TOW THE	body direc death	10	23 B. DATI	SIGNED	
	0	Atte	nding [Med.	Stoff -			
Henovieure ma	Wen	ald MODEGREE Phy	23 D. ADD	Director L	Staff Phys. Z EASTERN AVE	Que	gust 29	1968
GENEVIEVE MAC DO	NALD.			7/40	Ecty H	nous of	0 #21	224
		ME of CEMETERY OF CRE	MATORY	24D.	LOCATION	city, town, or	county)	(Stote)
CREMATION, 248. DATE								
EC'D BY HEALTH DEPT. 258.	NAME O	F REGISTRAR	2SC.	FUNERAL DIRECTO	OR		ADDRESS	
SEP 3 1968 (1)	Pro B	PROENS OF REGISTRAN	J	J. CONN	ELLY SE	ns	300	MACE
1/1/68								

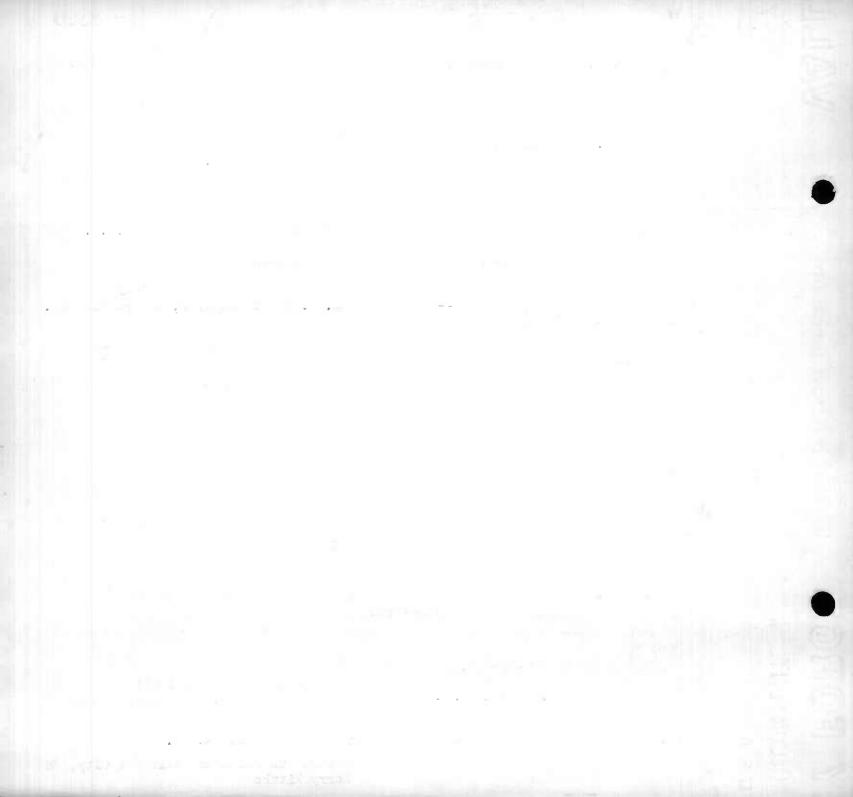
1140 AM.



VS 150-REV, 1/1/68



	68-	_ 22	BALTIMORE CIT	Y HEALTH DEPART	MENT	Registered No.	68-	0.088	
BIRTH NO. M.E. CASE NO.	00	00	90 CERTIFICA	ATE OF DEA	ATH	Registered No.	00	0000	
Type or Print)						HOUR OF DEATH			
**	Pearl Quigley	LeSto	urgeon		8/	30/68		11:00 A	
PLACE OF D	EATH IN BALTIMORE, MAI	RYLAND		4. USUAL RESIDEN	B. COUNTY	eceosed lived. Il in	stitution; resi	dence before odmissio	
FULL NAME HOSPITAL OF INSTITUTION			n, give street	Maryland c. city of fown		ward Cour e city limits, write F	LTY RURAL ond	give township)	
40	St. Agnes	Hospit	al	D. STREET ADDRES	SS (II ruro				
S. SEX	6. RACE	7. MARRI	ED, NEVER MARRIED	B. DATE OF BIRTH		ACE (In years	If Under 1	Yr. II Under 24 H	
TP	1.1		VED, DIVORCED (specify)	1.16100	los	birthdoy)	Months D	Yr. II Under 24 H Poys Hours Min.	
OA USUAL OC	CUPATION (Give kind of work		dowed of Business or Industr	4/6/88	ote or foreign	80	112. CITIZE	N OF	
	of working life, even if retired)	100, 11110	01 500111233 OK 11150311K	11. 01. 11. 12. 12. (31.	ore or roleigh	coomy		COUNTRY?	
Housev	wife			Virgini	a		U.S	3.A.	
3. FATHER'S NA	AME			14. MOTHER'S MA	IDEN NAME				
		Qui	gley	Un	known				
5. Wos Decease	ed Ever in U. S. Armed Fore	ces?	1 6. SOCIAL	17. INFORMANT			015:5	DDRESS	
	wn) (II yes, give wor or dote:	s of service	SECURITY NO.				21043		
no		91			obert 1	ohmeyer, 1			
1B. DISE	ASE OR CONDITION DIR	ECTLY		OF DEATH			0	TERVAL BETWEEN NSET AND DEATH	
This does	LEADING TO DEATH	duina	(A) My	cardial infarction			iı	immediate	
heart failure	e, asthenia, etc. II means amplication which caused ANTECEDENT CAUSES	the disea	se,	r o nary art	ery d	isease	2	1/2 years	
rise la 1	OR CONDITIONS, if () the abave cause (A) NG CONDITION last,			***************************************				*******************************	
TO THE	NIFICANT CONDITIONS CODEATH BUT NOT RELA R CONDITION CAUSING I	TED TO	Diabete:	s mellitus					
19 A. DATE C	OF OPERATION 198. CON		R WHICH OPERATION	20A. AUTOPSY?	(Yes or No)	OB. IF YES, WERE P	SINDINGS C USES OF DE	ONSIDERED ATH?	
OR CONTRI	BUTING CAUSE OF		21B. PLACE OF INJURY (e.g., nome, lorm, loctory, street, etc.)	in or obout 21 C. WHEI office bldg., INJURY O	RE DID CCUR?	(If in Boltimore	City, give	exoct locotion)	
21 D. TIME	(Month) (Doy) (Year)	(Hour) 2	TE, INJURY OCCURRED	21 F. HOW	DID INJUR	Y OCCUR?			
OF INJURY			While At Not Wh	nile 🖂					
			Work At Wor						
			d the deceosed fram			_			
that (I) (we) last saw the decease	d alive a	n August	22 19 68	and that	in (my) (our) api	nion deoth	occurred an the d	
			. (1) (We) (did) (did nat)			_			
23A. SIGNA			, , , , , , , ,				23B. DATE	SIGNED	
	1 1	MAI	M.D. A	ttending X Med				0/68	
23C BLIVELO		1 was	t, ms M.D. A	193. Direc		y s			
NAME	(Type)	16	1/ D	23D. ADDRESS 58	336 We	stview Ma	a11		
	Irwin H.	Moss	s, M.D. M.D	Ва	altimo	re, Mary	land :	21228	
REMOVAL	REMATION, 24B. DATE (Specify)		NAME of CEMETERY of C		24D. LOC	ATION (Ci	ty, town, or	county) (Stote)	
Buria	1 9/2/68	L	oudon Park Cem	etery	Balti	more, Md.			
25A. DATE REC		PEB. NAM	S OF REGISTRANDEN MA	25C. FUNERAL Howard	DIRECTOR		icott	City, Md	
		3		Harry W					
S 150-REV. 1/1	/65								



68 - 8891 baltimore city health department

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

\			00-	000	1 8	SALTIMORE CITY HE	ALTH DEPA	RIMENI		1		68-	con	A
1			MED	DICAL	EX.	AMINER'S	CERTIF	ICATE	OF DE	ATH	REG. NO.	00-	089	1
BIR	TH NO.										100			
	NAME OF DEC	EASED					2. DATE OF	Known	Mon	ith	Day	Yeor	Hour	
(.) !-	ROBERT MILEY						DEATH	Estimoted	4 🗆	8 3	1	68	8:00	n M.
4. 1	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						3. DATE		Mon	th	Day	Yeor	Hour	F
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)						PRONC	DUNCED DEA			31	1060	8.00 +	8.6
OR INSTITUTION						5. USUAL	RESIDENCE ((Where dece o						
							A. STATE			B. C	OUNTY		80	-0.0
6. 5	St.	Agnes 7. RACE	Hospi		0.0		C. CITY O	aryland		(P)	INSIDE CL	TY LIMITS?	1047	-0/0
0. ;	DEA.	7. KACE				NEVER MARRIED	C. CIIT O	K TOWN		0.	II43IDE CI			
	Male	Whi		WIDOW		DIVORCED L		Balto.			YE	s 🗀	NO L	
9. [ATE OF BIRTH	1	10. AGE (er 1 Yr. if Under 24 Hrs. La Days , Haurs , Min.	E. STREET	AND NUMB	BER					
1	0-11-19	17	50	"			15	03 Kirk	wood Re	d				
	BIRTHPLACE (S				12. CIT	IZEN OF	13. FATHE	R'S NAME	WOOD TO					
	Mora Vos	olr		0000	W	HAT COUNTRY?	Tho	mog T	7/117	77				
	New You		ive kind of work	14B. KIND	OF BL	ISA ISINESS OR INDUSTR		MAS J.		У				
don	eduring most of w	orking fife, e	ven if rettred)											
	Recon.		LILC ADIAE	U.S				garet				DDDESS		
16. (Ye:	WAS DECEASI s, no or unknown)	(If yes, give	war or dates	of service)	7	7. SOCIAL SECURITY NO.	IB. INFOR	MANI		R	al tin	ore.	rs by	207
Y	es	WW	II			25-09-785	Mrs	.Robt.	E.Mil	ey-I	5031	irkw	ood Ra	201
	19.	145				CAUSE OF DEA	TH						PROXIMATE INT	
	DISEASI		DITION DIRI	CTIV		Arterio	a a l a ma	tio con	diarrag	1	dian			
		LEADING		CILI				LIC Car	u I vas	cular	ursea	356		
	(This does no	of meon the	mode of d			(A)IMMEDIATE (AS A CONSE	QUENCE OF:						
			ic. It meons th ich caused de											
		NTECEDEN				(B)	45 4 CONS	EQUENCE OF						
	RISE TO THE	ABOVE C	AUSE (A) STA	Y, GIVING		DUE TO, OR	AS A CONS	EQUENCE OF	•					
7	UNDERLYIN					(c)								
CERTIFICATION	1133	1	11			•								
¥			NDITIONS C											
문			T RELATED TO N GIVEN IN I		NAL									
F					FOR W	HICH OPERATION W	AS PERFOR	MED				21. AUTO	PSY? (Yes or	No)
끙	5 ,													
	22A. EXTERI	NAL CAUSI	NAC		228 BI	ACE OF INJURY(e.g.,	in as abasis	22C WHERE	DID ///:- P.	alai mana Ci	the plan are	at leastion)	YES	
MEDICAL	UNDERLYING UTING CA	OR COL	NTRIB-		home, f	farm, factory, street, office	e bidg., etc.)	INJURY OCC	CUR?	ommore C	ily, give exc	oci iaconan)		
Σ	22D. TIME		(Doy) (Yes	or) (Hour) 22E	INJURY OCCURRED		22F. HOW D	ID INJURY	OCCUR?			7 7	
	OF INJURY (APPROX.)						WHILE							
	23.				m. WC	ORK L AT V	VORK							
		ify that I	held on	Inquiry [7	Inspection Au	top sy XX	and that	t on this be	neie da	eth in my	oninian		
									1			_		
	result	ed from:	Natural ca	ses XX	1 Ace	cident Suici	de 🔲 📗	domicide			monner			
		In		1		11/		CHIEF MEDI	ICAL EXAMI	NER			DATE SIGN	FD
	SIGNATU	IDE CO	Sull	7 1	N	118 M.E	AS:	SISTANT MED	ICAL EXAMI	NER XX				
	EXAMINI							OCIATE MED	ICAL EXAMI	NER				
	NAME (T		dward	F. Wil	son	M.D.					Sepi	tember	1. 196	8
	A. BURIAL CREA	MATION,	24B. DATE		24C.	NAME of CEMETERY	or CREMA	TORY	24D. LOCA	TION	(City, town	n, or county		
	MOVAL (Specif	(Y)	0.1	68	n-	7 +0 20-+17	Como	tomer	Do7 +	iman	0 1/6	3		
	urial	DV HEALT	9-4-			alto.Nat'l				TIHOT.	e, Mo	DDRESS		
25	A. DATE REC'D	man on		238. N		OF REGISTRAR	250	FUNERAL D	IKECIOK		P	DDKE22		
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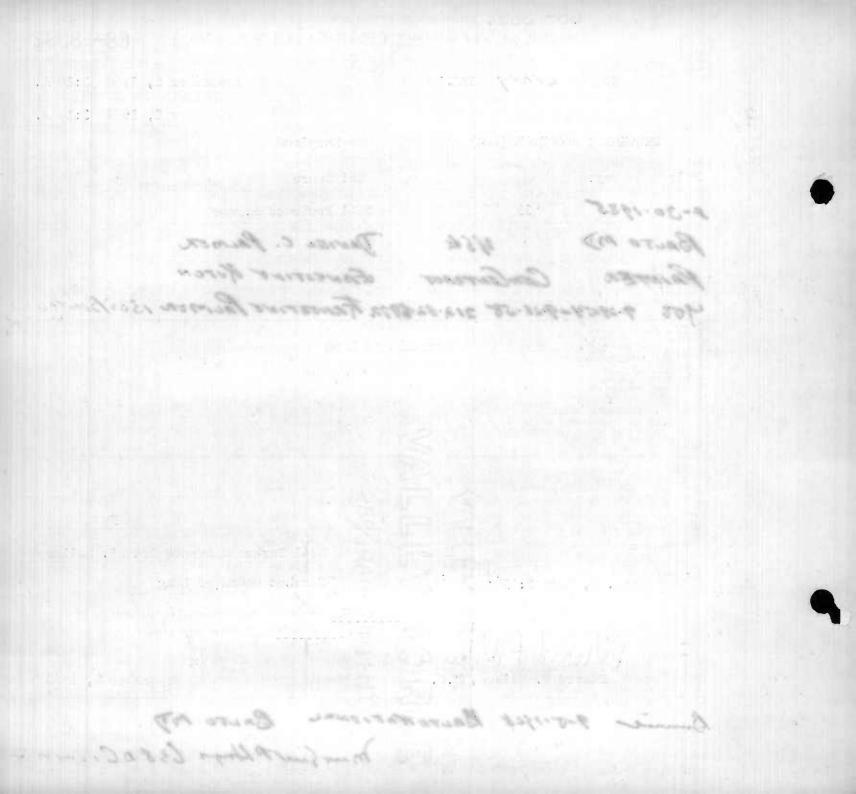
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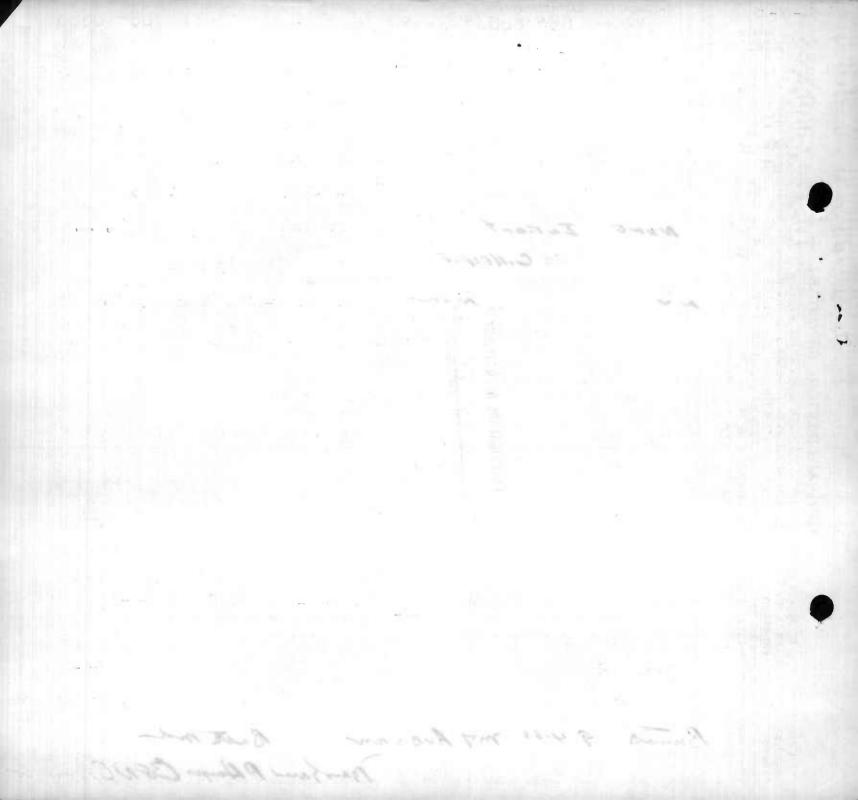
68- 8892 BALTIMORE CITY HEALTH DEPARTMENT

NAME OF PECEASED PALMER Copyright Palmer Pal
A PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) PROVIDENT HSOPITAL (DOA) 6. SEX Male Negro Negro No Inverse Markland (Inverse Markled) Negro No Inverse Markled) Negro No Inverse Markland (Inverse Markled) Negro No Inverse Markled) No Inverse Markled (Inverse Markled) No Inverse Markled) No Inverse Markled (Inverse Markled) No Inverse Markle
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL (DOA) 6. SEX PROVIDENT HSOPITAL (DOA) 6. SEX Male Negro WIDOWED DIVORCED PROVIDENT 10. AGE Negro WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED Baltimore 9. DATE OF BIRTH DIVORCED Baltimore 9. DATE OF BIRTH DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED Baltimore DIVORCED Baltimore 10. MSID CITY LIMITS NO DIVORCED NO DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED Baltimore DIV
DIVORCED PROVIDENT HSOPITAL (DOA) 6. SEX Male Negro WIDOWED DIVORCED
PROVIDENT HSOPITAL (DOA) A. STATEMARY Jand B. COUNTY B. COUNTY A. STATEMARY Jand B. COUNTY A. STATEMARY Jand B. COUNTY D. MSID CITY LIMITS Baltimore P. DATE OF BIRTH 10. AGE (In yeors lost birthdoy) 3.3 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME WHAT COUNTRY? 14. USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME what country lost if retired) 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (Yes, no or unknown) 17. SOCIAL 18. INFORMANT 18. INFORMAN
Male Negro WIDOWED DIVORCED Baltimore 9. Date of Birth 10. Age (In yeors lost birthdoy) 33 Wonths, Doys Hours Months, Doys Hou
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER 111. BIRTHPLACE (Stote or foreign country) 112. CITIZEN OF WHAT COUNTRY? 114. USUAL OCCUPATION (Give kind of work) 48. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S NAME 116. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service) 118. INFORMANT 119. CAUSE OF DEATH CAUSE OF DEATH (This does not mean the mode of dying, e.g., heart follure, osthenic, etc. it means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
10. Was deceased ever in U.S. armed Forces? 17. Social Security No. 18. INFORMANT 18.
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME WHAT COUNTRY? 14. USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY) 15. MOTHER'S MAIDEN NAME LONG BUSINESS OR INDUSTRY) 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. BIRTHPLACE (Stote or foreign country) 13. FATHER'S NAME WHAT COUNTRY? 15. MOTHER'S MAIDEN NAME ADDRESS SECURITY NO SECURITY NO CAUSE OF DEATH (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF:
I.A. USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service) 17. SOCIAL SECURITY NO 18. INFORMANT APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSE DUE TO, OR AS A CONSEQUENCE OF: D
Ité. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITIONS (A) STATING THE UNDERLYING CONDITIONS (A) STATING THE UNDERLYING CONDITION LAST.
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CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
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(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A)IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF:
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RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
Z UNDERLYING CONDITION LAST. (C)
CC) Let a significant conditions contributing to the steminal disease or condition given in part 1 (A). 20A. Date of operation 20B. Condition for which operation was performed 21. autopsy? (Yes or No)
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No.)
yes
22A. EXTERNAL CAUSE WAS 122B PLACE OF INTIRPY(e.g. in or shout) 22C WHERE DID (If in Boltimore City give expel location)
UNDERLYING OR CONTRIB. Description of the bldg., etc.) INJURY OCCUR? 100 10
DF INJURY (Month) (Doy) (Yeor) (Hour) 22E. NAJURY OCCURRED 22F. HOW DID INJURY OCCUR?
(APPROX.) Sept. 2, 1968 2:15 ^A WORK Gunshot wound of Lung
I certify that I held an Inquiry 🔲 Inspection 🗌 Autopsy 🗓 and that an this basis, death in my apinion
resulted fram: Natural causes Accident Sulcide Homicide W Undetermined manner
ACTUAL CHIEF MEDICAL EXAMINER DATE SIGNED
EXAMINER'S Edward F. Wilson, M.D. ASSOCIATE MEDICAL EXAMINER September 2, 1968
NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Burnar 9-5-1968 BALTONATIONAL BALTO MIT
SEP 3 1968 A Date REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
VS 151-REV. 1/1/68 7 8 7 5 .



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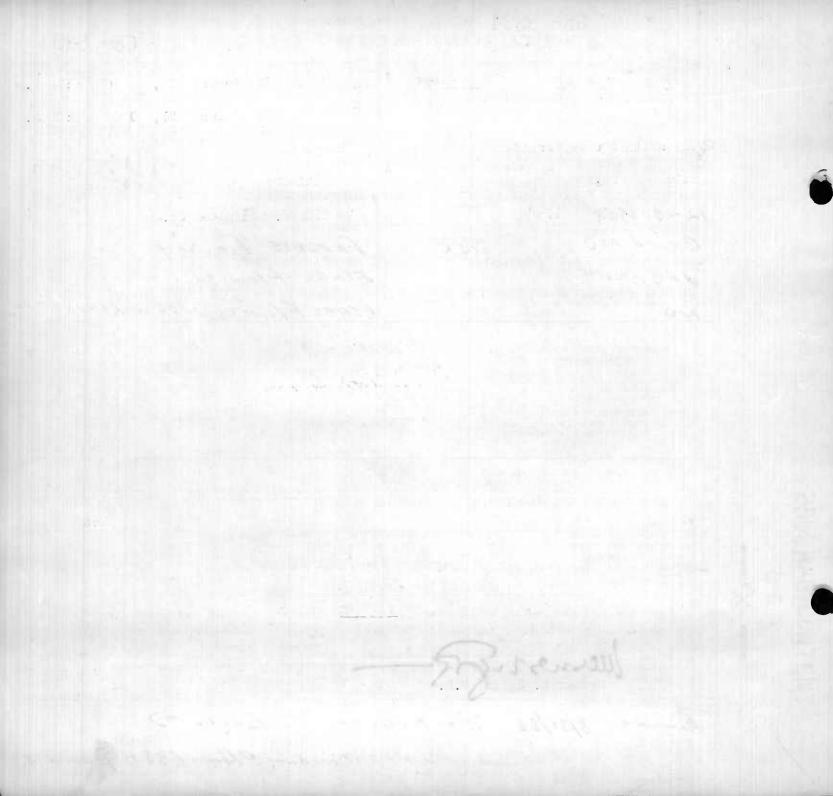
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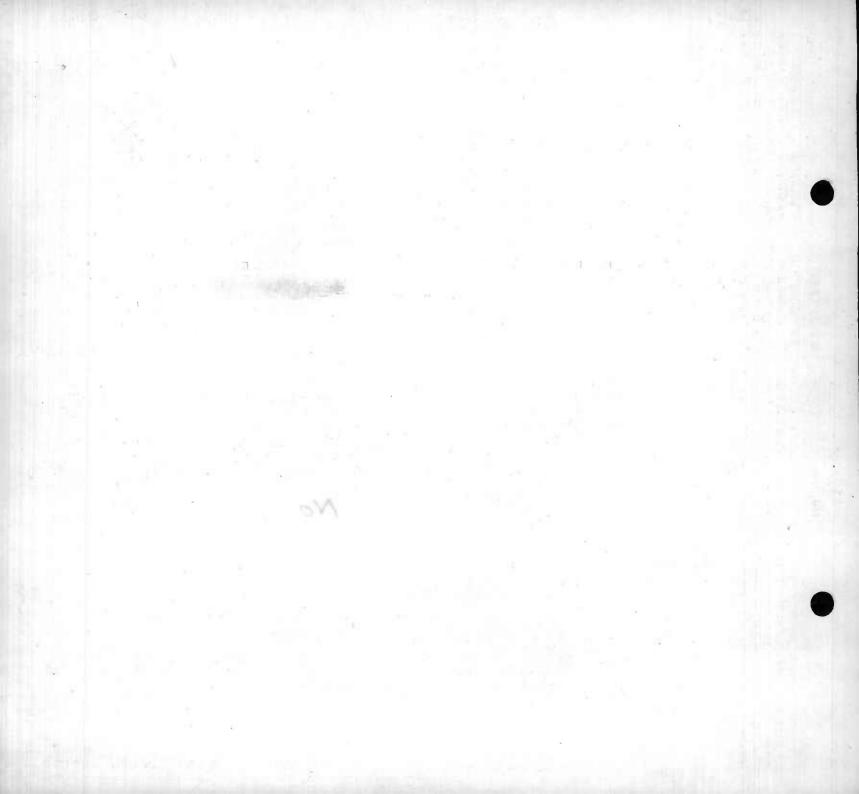
68- 8894 BALTIMORE CITY HEALTH DEPARTMENT

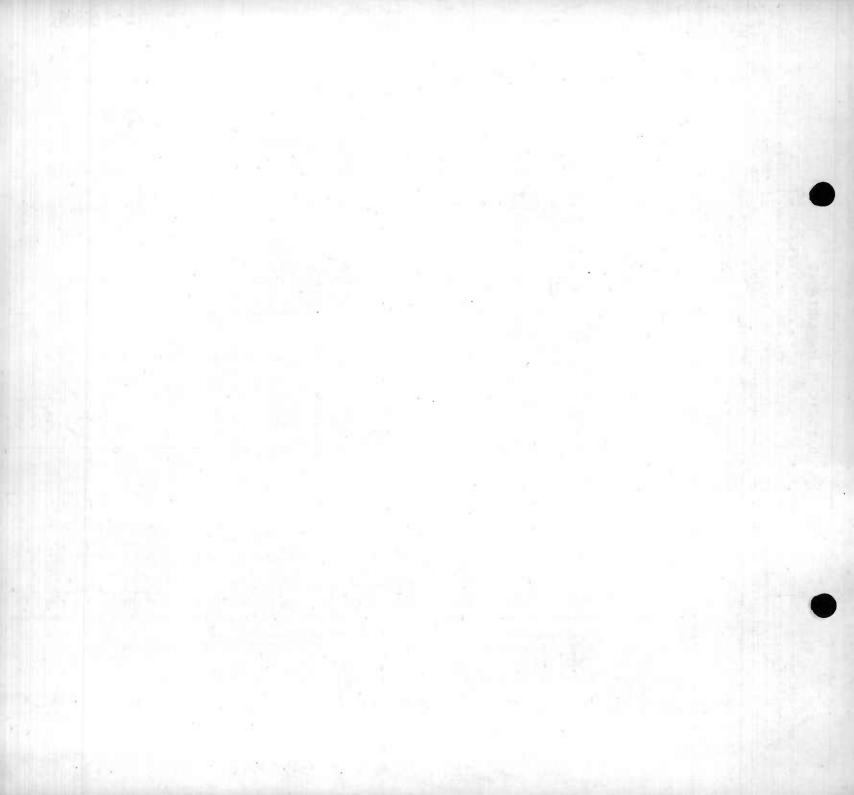
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	68- 8894
BIRTH NO.		
I. NAME OF DECEASED (Type of REDDIE) FRIDAY	OF DEATH Estimoted August 26,	1968 6:30 P _M
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD August 27,	1968 2:10 A _M
Franklin Square Hospital	5. USUAL RESIDENCE (Where deceosed lived. If institution: A. STATE B. COUNTY Maryland	residence before admission)
		The state of the s
6. SEX 7. RACE B. MARRIED NEVER MARRIED 1 NEVER MARRIED 1 DIVORCED 1	C. CITY OR TOWN Baltimore D. INCOLCIT	
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER	3 140 1
12-17-1930 11	1508 W. Lexington St.	
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	FREDDIE FRIDAY	
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR'	Y 15. MOTHER'S MAIDEN NAME	
done dusing most of working life oven if retired)	ETHEL Flowers	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	18. INFORMANT AD	DRESS
SECONITIOS.	ETNER Flowers 1505 L	v. LEPINETO
19. 7 9 6 9 CAUSE OF DEA	TH *	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	use of death is	SERVICE OF OTHER PROPERTY.
LEADING TO DEATH	CAUSE	
(Inis does not meen the mode of dying, e.g., DUE, TO, OR	AS A CONSEQUENCE OF:	
injury or complication which coused death.)	determixed	
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
Z UNDERLYING CONDITION LAST. (C)		*******
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED	21. AUTOPSY? (Yes or No)
	L LOOK WHERE DIE W. O.L.	Yes
The state of the s	in or obout 22C. WHERE DID (If in Boltimore City, give exoce bldg., etc.)	t locotion)
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY	22F. HOW DID INJURY OCCUR?	
(APPROX)	WHILE OF THE STATE	
	topsy X ond that on this bosis, death in my	nninian
	de Homicide Undetermined manner	· ·
Accident Suicit		Ž.
ACTUAL /1101 - 0 0 S -	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE MICHAEL MICH		8/29/68
EXAMINER'S Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER	0/2//00
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)		or county) (State)
Bun 8/31/68 m+ AVD	unn Bacromo	
25A. DATE REC'D. BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR AD	DDRESS
JEP 3 1968 Plobut E, Farburna	Mans four P Hoges 638	ngilmost
VS 151-REV. 1/1/6B	0000	



VS 150-REV. 1/1/68

BALTIMORE CITY	HEALTH DEPARTMENT 68- 8895
BIRTH NO. 68- 8895 CERTIFICA	TE OF DEATH
1, NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) Jettie James	Aug 31-1968 3:10 P.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	1110.
INSTITUTION	C. CLY OR TOWN D. MISIDE HIMITS? YES NO
32 Johns Hopkins Hosp.	E. STREET AND NUMBER
00	579 Laurens St.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years last birthday) II Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
WIDOWED DIVORCED	12/14/9/
10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY done during most of working lile, even if retired)	
Domestic	Pritchett Ala USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ROBERT WILLIAMS	PARALEE
15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	MI willbut b cames, same
18.412.3 XI-180 X CAUSE OF DEAT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Orlmana Flores One week
(This does not mean the mode of dying, e.g., OUE TO, OR AS	A CONSEQUENCE OF:
hearl failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	100
ANTECEDENT CAUSES (B) Arter	ioscleratic Heart Dis. Unknown
Districts on Corrections, it dily, giving	A CONSEQUENCE OF:
rise to the above couse (A) stating the UNDERLYING CONDITION last.	
- 420.0 II 1) arem	1a, 2° to B
O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	f Cervix (Stage III) 3 mos.
▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes or No!) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., or CONTRIBUTING CAUSE OF home, larm, foctory, street, c	in or obout 21 C. WHERE DID (If in Boltimore City, give exact location)
DEATH (notify medical examiner)	
OF INJURY (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Not Whi Not Work Not Whi	
22. I certify that (I) this hospital) attended the deceased fram	19 10 Aug 31 1968,
that (V (we) ast sow the deceased alive on Auc. 3	19 65 and that in (my (our) opinion death accurred on the date
and from the couses stated above. (1) (We) (did) (did not)	view the bady ofter deoth.
26A. SIGNATURE	238, DATE SIGNED
DE ORDE	ending Med. Staff Phys Staff S S S S S S S S S S
23 CL PHYSICIAN'S CHAME (Type)	23D. ADDRESS
Mobert L. Vermillion DEGREE	Johns Hopking Hosp
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR	
Burial 9/5/68 National Ceme	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Adolphus Halstead 1206 W north A_e
A POSTO MA A MANAGA MA	Adothing haracean troo a notch ye





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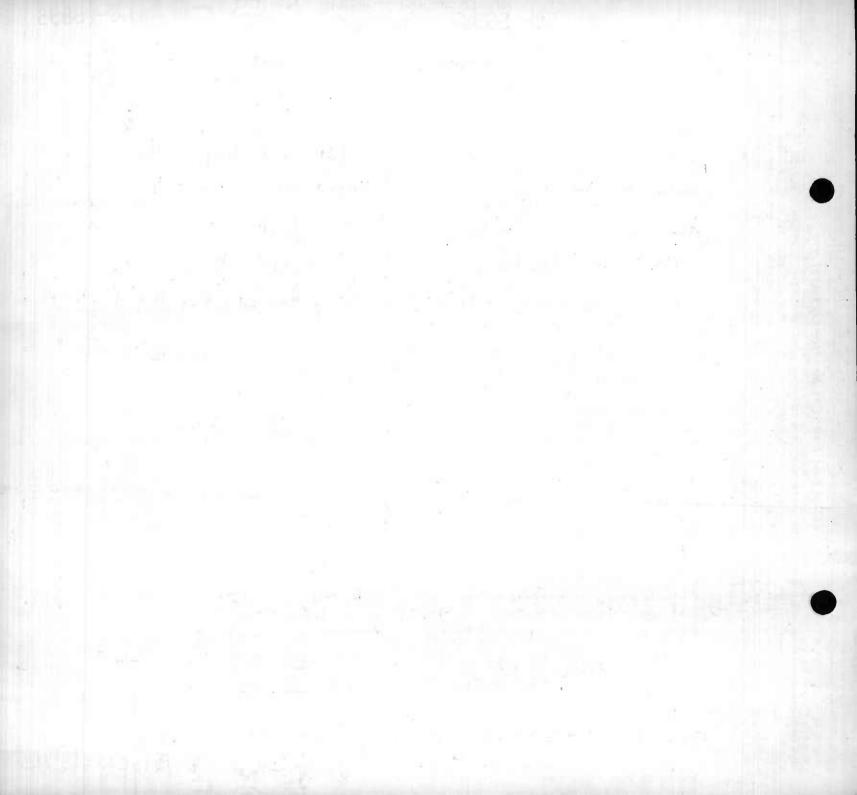
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SM WART STEND NEC

JUNES FRELDS CO CHANGE

VS 150-REV. 1/1/68

		HEALTH DEPARTMENT		(0 0000
68-88	98 CERTIFICA	TE OF DEATH	REG. NO	68-8898
BIRTH NO.	CERTIFICA	IL OI DEATH		
1. NAME OF DECEASED (Type or Print)	RADSKY	2. DATE AN	A 1968	7:30 q. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONC	DUNCED DEAD		ere deceased lived. If ins	titution: residence before odmission)
		Mary lan	1	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTI-	TUTION, GIVE STREET	C. CITY OR TOWN		DE CHYPLIMITS?
INSTITUTION SOL TO CIL. 1	. 1	Beltmon		YES NO
00 821 h. Glingt	on not	E. STREET AND NUMBER		1
		021 N C	Ellingten F	v-a
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
Female white WIDOWEL		Feb. 22, 1911	lost birthdoy)	Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND C	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	1	Manda 1		USA.
13. FATHER'S NAME	enty Ce.	14. MOTHER'S MAIDEN NA	ME	
The the is an	~	Ω	20. 1/ 1	
VVIa Thew Hradish-	1	13-8216	M. Vac	4
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	1	ADDRESS
No	212076052	Mary treat	SK- 831 h	i. allusta foro
18. 2 /	CAUSE OF DEATH		1 000	APPOXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		4.	0 1 1	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(AN IMMEDIATE CALL	E CARRINIC	11/18/20 a	1 7 das
(This does not mean the mode of dying, e.g.		CONSEQUENCE OF:		*
heart foilure, osthenia, etc. It meons the disease injury or camplication which caused death.)	-	7. Istano	Cle.	
ANTECEDENT CAUSES	(1)			
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:) &		
rise to the above couse (A) stating the	>77	//^	11/180	5/20 = 7
UNDERLYING CONDITION last.	(c) /Ma	A. 12/50	many of	the fly
- 540.0 II		LI LINE I		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
		T20.4	V 200 IF WED 111-00	
19A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	SES OF DEATH?
W 234 A CEIPENT WAS INDEDIVING	D. D C. D. D. D. D. D. D. D. C.	VO	at the same	
OR CONTRIBUTING CAUSE OF ho	B. PLACE OF INJURY (e.g., in me, form, foctory, street, of	ice bldg., INJURY OCCUR?	(If in Baltimore	City, give exact location)
DEATH (notify medical examiner)	0.)			
W OF INITION	E. INJURY OCCURRED	21F. HOW DID IN.	TURY OCCUR?	
≥ (ABBBOY)	hite At Not While			
22. I certify that (I) (this hospital) attended		6 -1	19 (.S. to	C - 2 10(0)
	13	, 61		9 - 2 19 (8 ,
that (1) (we) lost sow the deceased alive on			nat in (my) (our) opin	ian deoth occurred an the dote
and hour and fram the couses stated obove.	(1) (We) (did) (did not) v	iew the body ofter deoth.		
23A. SIGNATURE				23B, DATE SIGNED
The of Imake	DEGREE Phys	nding Med. Director	Staff Phys.	9-2-68
23C. PHYSICIAN'S F. Fred Ru:	ei cha	3D. ADDRESS		
NAME (Type)	120	2300 Endman +	Ivenue	
24A. BURIAL CREMATION, 24B. DATE 24C.	NAME OF CEMATERY OF CRE	MATORY 24D. L	OCATION (City	, town, of county! (State)
Q REMOVAL (Specify) 9 7.68	1.6	()	5 11 7.	
	ory redien	un onety 1-	4100. N	w.
25A. DATE REC'D 85 HEALTH DEPT 1968 258, NAME	OF REGISTRAR	25C FUNERAL DIRECTO	0 1	11 Cheso- A
		1 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

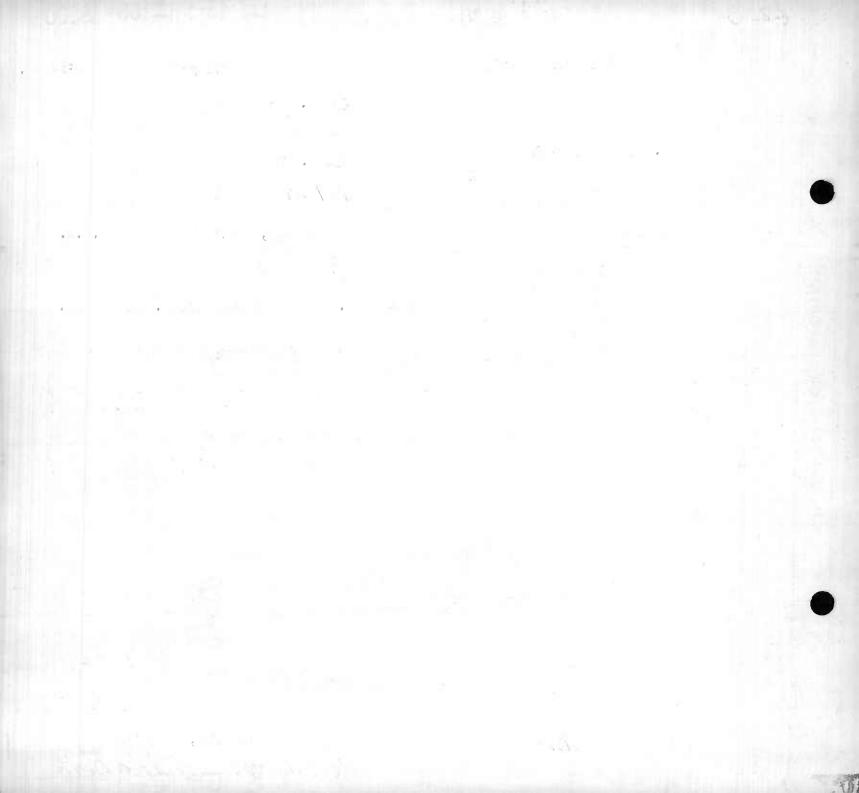


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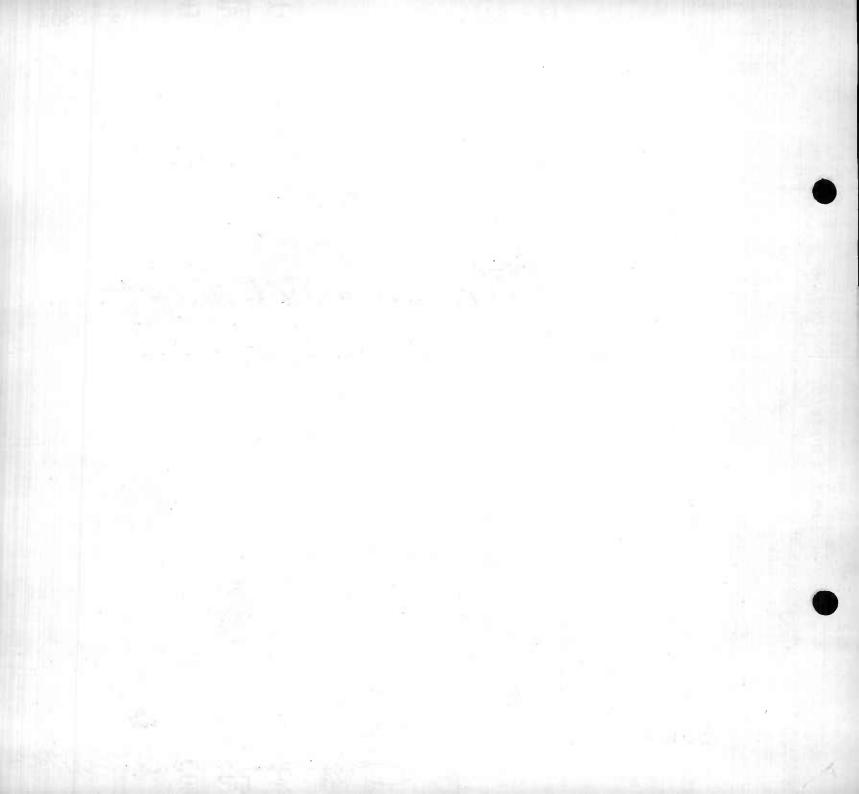
68-8899 BALTIMORE CITY HEALTH DEPARTMENT

A PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF ADDRESS OR LOCATION) FULL NAME OF ADDRESS OR LOCATION	399
Comparison MARY KROUITZ	
A PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital OR INSTITUTION S. SEX Female 9. DATE OF BIRTH 9. DATE OF BIRTH 9. DATE OF BIRTH 10. AGE (In years) 10. AGE (In years) 12. CITIZEN OF WHAT COUNTRY? 14. USUAL OCCUPATION (Give kind of work) 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown))(If yes, give wor or doles of service) 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown))(If yes, give wor or doles of service) 17. SOCIAL (A) IMMEDIATE CAUSE DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foliure, eithenic, etc. ith means the disease, injury or complication which coused death.) ADDRESS (B) DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF:	0 а м.
PRONOUNCED DEAD August 26 1968 5:0	Ja M.
Mercy Hospital D.O.A. A. STATE B. COUNTY	7511
Female White widows Divorced Two Harbors YES NO 9. Date of Birth 10. Age (In years Hunder 1 Yr. If Under 24 Hrs. E. Street and Number 127 - 6th Street 127 - 6th Street 127 - 6th Street 128	nission)
9. DATE OF BIRTH 9. DATE OF BIRTH 10. AGE (In years lost birthday) 62 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 144. USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO. 19. CAUSE OF DEATH 19. CAUSE OF DEATH CHIs does not mean the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF:	
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12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) 17. SOCIAL 19.	
10. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service) 17. SOCIAL SECURITY NO. 18. INFORMANT ADDRESS 19.	
SECURITY NO. SECURITY NO. SECURITY NO.	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. BETWEEN ONSE Arteriosclero tic Cardiovascular Disease (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: BETWEEN ONSE (B) DUE TO, OR AS A CONSEQUENCE OF:	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic Cardiovascular Disease (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	AND DEATH
E 4221	
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Ye	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Ye	s or No)
no no	
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location) 11NDFPLYING TOP CONTRIB.	
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) WHILE AT NOT WHILE MORK AT WORK	
I certify that I held an Inquiry Inspection XX Autopsy ond that on this bosis, death in my opinion resulted from: Vatural causes Accident Suicide Hamicide Undetermined monner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER XX ASSOCIATE MEDICAL EXAMINER	GNED
	68 itote)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C FUNERAL DIRECTOR ADDRESS	- 1
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8-28-68 Deluth, Hinn brance M. Feilely Bell



68- 8	BO1 BALTIMORE CITY	HEALTH DEPARTMENT		60- 0004
	CERTIFICA	TE OF DEATH	REG. NO	00- 8901
BIRTH NO.			Z-01 11 to 11 to 11	
Type or Print) A do Oca May	40) ALTERS	2. DATE AN	PAULON OF DEATH	de. 1968 7:10 P.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONOUNCED DEAD	4. USUAL RESIDENCE (When A. STATE B. COUN	e deceased lived. If in	nstitution; residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	Maryland C. CITY, OR TOWN	BALTIN.	NOW JDE CITY LIMITS?
48 MARY MOGENERAL	1/2 sound	E. STREET AND NUMBER	2	ARE DIO
,	Respire	18 6.19	reston 5	57
- (1)	RIED NEVER MARRIED DIVORCED DIVORCED		ost birthdoy	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of work 10B. KIN one during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or force	gn country)	12. CITIZEN OF WHAT COUNTR
S. FATHER'S NAME	sis Mone	11anglar	ca	NOW
JOHN P. TRA	24	MAKY L	1	more
5. Was Deceased Ever in U. S. Armed Forces? (es, to or unknown) (If yes, give wor or dates of solv	16. SOCIAL SECURITY NO.	246)2603	telen m.	Cardapio
118. / 1 > /	CAUSE OF DEAT	1 10 1 200	PANELATO	APPROXIMATE IN PRIVAL
DISEASE OR CONDITION DIRECTLY	(R) L	mer relake	175000	BETWEEN ONSET AND DEAT
LEADING TO DEATH (This does not meen the mode of dying,	(A) IMMEDIATE CAL		4 Charles	45/
heort foilure, osthenia, etc. It means the disc injury or complication which coused death.)	eose, DUE TO, OR AS	A CONSEQUENCE OF:		
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, if ony, gi	(B) DUE TO, OR AS	A CONSEQUENCE OF:		*************
rise to the obove couse (A) sloting	The			
il and	(C)			
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION I WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED
21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	n or about 210 WHERE DID	(If in Boltimo	re City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	JRY OCCUR?	
(A PPROX.)	While At Not Whill At Work	•		
22. I certify that (M (this hospital) attend	led the deceased from	-13-68	9 to 8	- 26 1968
that () (we) last saw the deceased alive	on aug De	19 68 ond the	at in (my) (aur) ap	inion death accurred an the da
and hour and fram the causes stated above	ve. Sh (We) (did) (did not) v			
234. SIGNATURE	Atte	nding Med. Director	Staff Phys.	DUNG 1965
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS) L5110	And I son k
24A. BURIAL CREMATION, 24B. DATE 22 REMOVAL (Specify)	C. NAME of CEMETERY OF CRI	MATORY (24D. L	CATION CO-18	ity, town or county) (State)
JUNION (2430-68)	A ME 10	D J WOLF IV	-1 -4	109
SA. DATE RECEDBY HEALTH DEPT. 258. NA	Gedon Bu	269 FUNEBAL DIRECTOR	URTIS E.	EVANS ADDRESS
25A. DATE RECED BY HEALTH DEPT. 25B. NA			CURTIS E.	EVANC MA



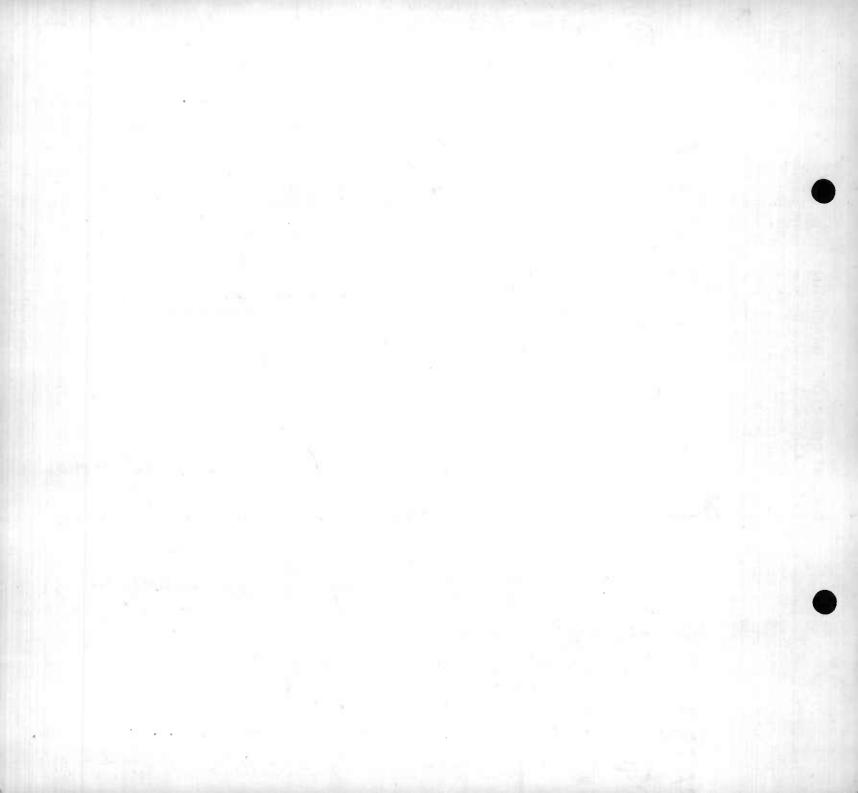
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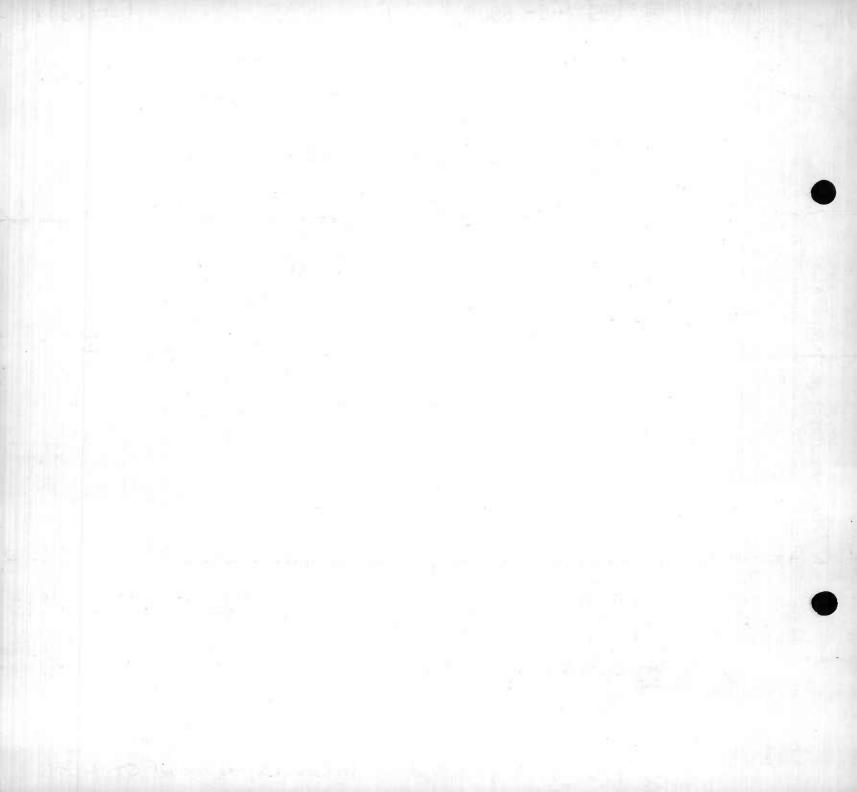
68- 8902 BALTIMORE CITY HEALTH DEPARTMENT

			MED			AMINER'S			OF [DEA1	TH REG	NO	68	- 89	02
1.	NAME OF DEC		1 0			•	2. DATE	Known 3	k	Month	Doy	<u> </u>	Yeor	Hour	
(IV	pe or Print) Ge	eonge J	ohn Dw	kehari	t 3	rd.	OF DEATH	Estimoted		8	30		68	11:20) p _M .
4.	PLACE IN BAL						3. DATE	JNCED DEAD		Month	Doy		Yeor	Hour	
HO	LL NAME OF SPITAL INSTITUTION		T IN HOSPITA SS OR LOCA		τυτιο	N, GIVE STREET	5. USUAL R		1gus			titution:	968 residence	11:20 before odmis	
	Si	nai Hos	nital	D.O.	Δ.		A. STATE	aryland			B. COU	Es C	0.1	33	-00
6.	SEX	7. RACE	prear			NEVER MARRIED	C. CITY OR		4		D. INSI	DE CITY	LIMITS?	-	
Ma	1.0	white		WIDOWI	_		Balto.	wings /	nil	ls		YES	П	NO 🗆	
	DATE OF BIRT		10. AGE (In	yeors	If Und	der 1 Yr. If Under 24 Hrs.		ND NUMBER	R					110	
Fe	26. 4. 1	949	lost birthdo	y) 1/	Month	s Doys Hours Min.	1/. 5	Timonto	D D	1					
11.	BIRTHPL ACE (State or foreig	in country)	1	2. CI	TIZEN OF	13. FATHER	Wingate S NAME	E IVC	1.0					7.1
	Balto.				W	HAT COUNTRY?	George	e J. Du	ikeh	ant	In.				
144		0	e kind of work	14B. KIND	OF B	USINESS OR INDUSTR'					7,00	-	_		
don	Student	working life, ev	en if retired)				Mamcy	e Cubico							
(Ye	WAS DECEAS				7	17. SOCIAL 210-54-4301	18. INFORM		7 1) / 1	,	0	DRESS	u . //	14.1
	No				4	210-54-4301	Mr.	jeorge g	t. 1	uken	art	Unu	0	Mills,	
	19. E 8 /	500				CAUSE OF DEA	TH							PPROXIMATE IN	
		E OR COND	ITION DIREC	TLY											
		LEADING TO				(A)IMMEDIATE	AUSE MILT	tiple to	rau	natio	inju	ries	3		
		not meon the				DUE TO, OR	AS A CONSEC	UENCE OF:							
		mplication whi													
		NTECEDENT	CAUSES												
		OR CONDITI		GIVING		DUE TO, OR	AS A CONSE	QUENCE OF:							
	RISE TO TH	E ABOVE CA	USE (A) STAT	ING THE											
Z	OTTO ENEVT		TOTAL ENGIN			(c)									
CERTIFICATION	OTHER SIGN TO THE DE	NIFICANT COL	RELATED TO	THE TERMIN											
E	204 DATE O	CONDITION	_		OPV	VHICH OPERATION W	AS DEDECTA	ED					21 ALITO	PSY? (Yes o	r No
Ü	The ball of	OI ENAMO	1205. CO1	·DIIIOI41	OK V	VINCITOTERATION VI	-S PERFORM								,
بدا	de	ALAL CALICE	NAVA C	In	20 DI	LACE OF INJURY(e.g.,	· · · · · · · · · · · · · · · · · · ·	OC MUEDE D	ND //	. p. (C11			YES	
õ	UNDERLYING	NAL CAUSE				form, foctory, street, offic	e bldg., etc.) I	NJURY OCCU	JR?				· ·	- 1	3-0
MED	UTING CA				Loo	Road		Deer Pa	rk !	Rd, F	c. of	Ivy	Mill	Rd.	2.4
-	OF INJURY	(Month) (L	Doy) (Yeor) (Hour)	' I	E.INJURY OCCURRED HILE AT NOT	W/HII 6	2F. HOW DID	ואונ	JRY OCC	JUR?				
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	23.				7		177								
		tify that I h		nquiry L		Inspection Au		and that a				_	pinlon		
	resul	ted from: N	latural cau	ses	Ac	cident XX Suicio		omicIde			ined mor	nner]		
١.		/.) . 1	01	11	, ,]		CHIEF MEDIC	AL EX	AMINER				DATE SIGI	NED
	SIGNAT		wed	n	Ki	mb M.C	ASSI	STANT MEDIC	CALEX	AMINER	XX			DAIL OIG	120
	EXAMIN		100	,			ASSC	CIATE MEDIC	AL EX	AMINER					
	NAME (. Kor		um, M.D.							st 3		3
	A. BURIAL CRE		24B. DATE		240	NAME of CEMETERY	or CREMATO	DRY 2	-	OCATIO			or county	(Sto	te)
1	Burial	,	Sept. 3	,68		Lakeview Men	wrial		(wol	1 (0.		Md.		
25	A. DATE REC'D		-	,	AME	OF REGISTRAR		FUNERAL DIR	ECTO	?		AD	DRESS		
	S	EP 3	1968 (Jalenna.	1	F. Elis	no d	San	A Roi	stor	atom	n M	
<u></u>							000	100		- 5071				· · · · · · ·	
VS	151-REV. 1/1/6	8	1516	1			14								

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-1			HEALTH DEPARTMEN		00 0000			
	BIRTH NO. VINTA - M 68- 89	03 CERTIFICA			68- 8903			
	1. NAME OF DECEASED (Type or Print) BENNETT ST	EUFL	3/2	TE AND HOUR OF DEATH	1/2 45 A M.			
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PROI		4. USUAL RESIDENCE	(Where deceased lived. If i	nstitution: residence before admission)			
3	FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION)		c. CITY OR TOWN Milling +	Kent.	SIDE CITY LIMITS? YES NO \[\]			
	University of Mongland	Hospital	Box /	25				
3	S. SEX 6. RACE 7. MARRII	ED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.			
	m W WIDOW	ED DIVORCED	7/28/64	lost birthdoy)	Months Doys Hours Min.			
	10A. USUAL OCCUPATION (Give kind of wark 10B, KIND dane during most of warking life, even if retired)	OF BUSINESS OR INDUSTRY	11. SIRTHPLACE (Stote	or toreign country)	12. CITIZEN OF WHAT COUNTRY?			
2	child	-	md		USA			
	13. FATHER'S NAME		14. MOTHER'S MAIDE	NNAME				
	Edger Allan Benne		Dorris	Bedwell				
	15. Was Deceosed Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give war or dates of service	1 6. SOCIAL E) SECURITY NO.	17. INFORMANT		ADDRESS			
П	No	J. SECORITI NO.	Hospital Re	ecords				
	18. 226, 2 1	CAUSE OF DEATH	1		APPROXIMATE INTERVAL			
	DISEASE OR CONDITION DIRECTLY	5	BETWEEN ONSET AND					
3	LEADING TO DEATH	CXSQN	nguination					
	(This daes not meon the mode of dying, e.	g., (A) IMMEDIATE CAV	S A CONSEQUENCE OF:					
3	heart failure, asthenia, etc. It meons the disea injury as camplication which coused deoth.)	se,						
	ANTECEDENT CAUSES	Sincina	. 10	To OUT	10 %			
0		ANTECEDENT CAUSES (8) Zrosion Innominate artery DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:						
,	rise to the obave cause (A) stoting t	he						
	UNDERLYING CONDITION last.	(c) Trach	ectomy		O Olyx			
	- 224X II	0	0					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	& (minio	tome for o	namio phayinge	mua 9 days			
	DISEASE OR CONDITION GIVEN IN PART 1 (A).	.=			The state of the s			
	19A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1	R WHICH OPERATION	20 A. AUTOPSY? (Yes		FINDINGS CONSIDERED			
2	U 21A. ACCIDENT WAS UNDERLYING	aryngeomas	ges	010 (15 1- 0-14)	- C'2			
2012	_, OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., ir home, form, factary, street, of etc.)	fice bldg., INJURY OCC	UR?	re City, give exact lacation)			
	21D.TIME (Month) (Doy) (Year) (Hour)	TE. INJURY OCCURRED	21F. HOW DI	D INJURY OCCUR?				
3		While At Not While	• 🗖					
		Work At Work	3	183	221			
3	22. I certify that (W(this haspital) attended	- 1	Hug	19 68 ta	29 Aug 1968,			
2	that (I) (we) last saw the deceased alive a	n. 29 /2019	19 6 8 0	ind that in (my) (out) ap	inian death accurred an the date			
	and haur and fram the causes stated above	. (1) (We) (did) (did nat) v	lew the bady after de	eath.				
	23A. SIGNATURE				23B, DATE SIGNED			
	Kolin de Host	VI 4	nding Med.	Staff Phys.	29 Aug. 68			
3	23C.PHYSICIAN'S	DE GREE	23D. ADDRESS		That, or			
	NAME (Type)	94	41.	- 11				
5	24A. BURIAL CREMATION, 24B. DATE 24C	MAAAE of CEAAFTERY OF CRE	wniversely	Hospital	Titu tawa a canata			
	REMOVAL (Specify)	NAME of CEMETERY OF CRE			City, town, or county) (State)			
		Crumpton Cemete:			A.Co; Md.			
	25A. DATE REC'D BY HEALTH DEPT. 258, NAM	E OF REGISTRAR	25C FUNERAL DIR	ECTOR N	ADDRESS			
	SEP 3 1968 02.2	ut E, stalley	6 Gwain	Tellows /1/	Munaton Ma.			
-	VS 150-REV. 1/1/68				1			





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68-8905 BALTIMORE CITY HEALTH DEPARTMENT

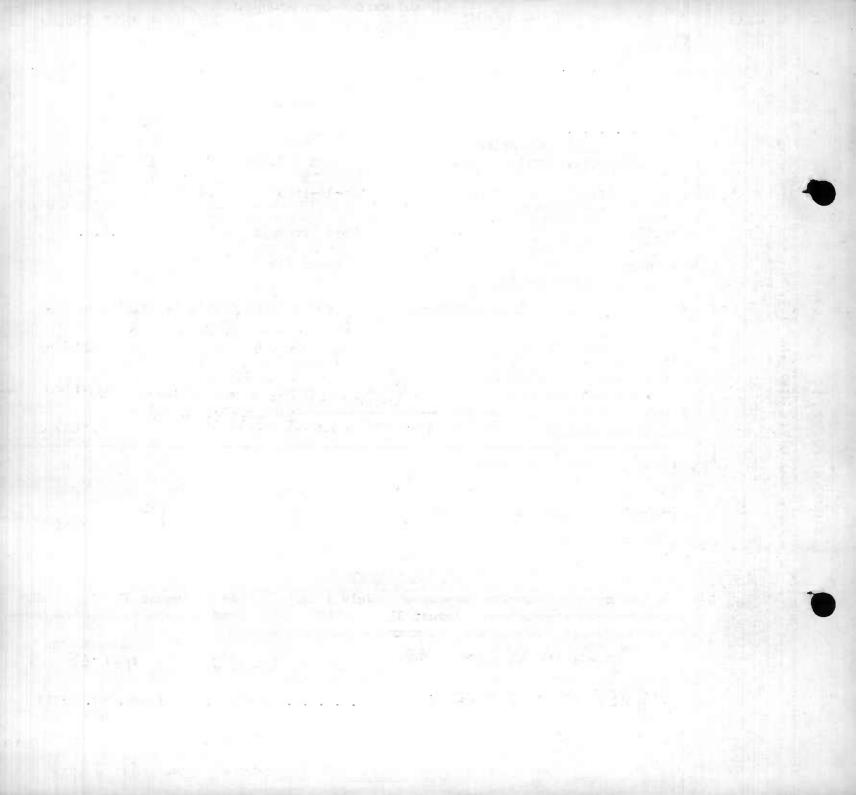
MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH
MILDICAL	LVVVIII 4FI 2	CLIVIIIICAIL	OI DEATH

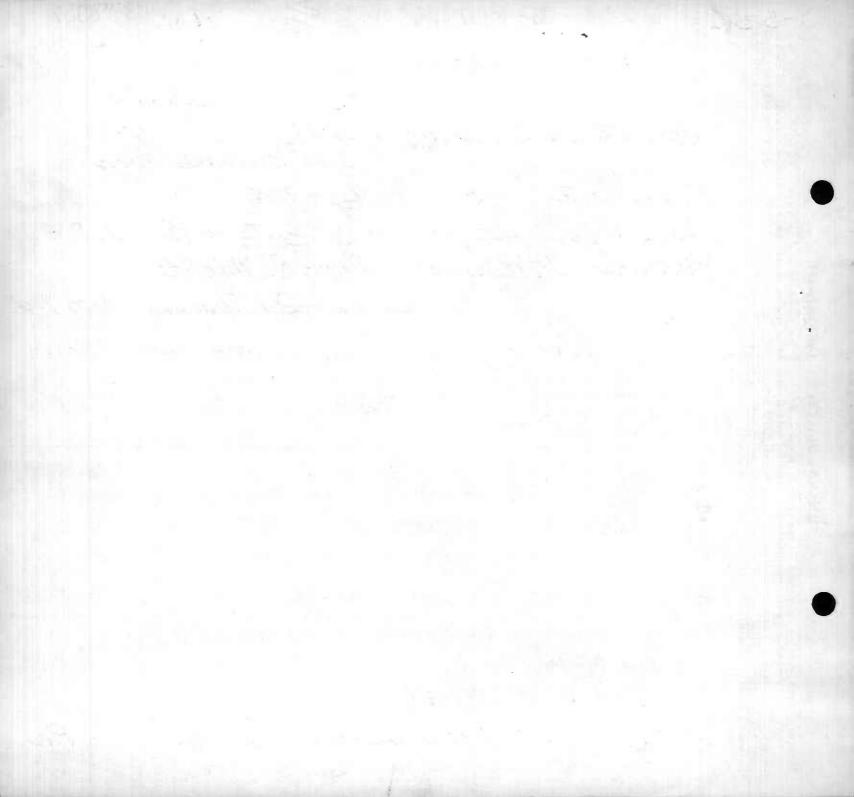
68-8905

BIKIH NO.	
1. NAME OF DECEASED (Type or Print) ALICE MARY SMITH	2. DATE Known Month Day Year Haur 7:45 P. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD August 29, 1968 7:45 P.M.
MARYLAND GENERAL HOSPITAL (DOA)	S. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) A. STATE Maryland B. COUNTY
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN Baltimore
WIDOWED L DIVORCED L	YES NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr, If Under 24 Hrs. Manths, Doys, Haurs Min. 49	1627 N. Calvert Street
11. BIRTHPLACE (State or foreign cauntry) 12. CITIZEN OF	13. FATHER'S NAME
PENNA. WHAT COUNTRY?	Geo. DAVINSON
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY dane during mast of working life, even if retired)	
Hsewf.	BILLINGSLEY
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na or unknown) (If yes, give wor or dates of service) 17. SOCIAL SECURITY NO.	IB. INFORMANT ADDRESS
	FRED. W. SMITH 1627 N. CAIVERT ST.
19 = 965 XI CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	wound of Chest
LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO. OR A	CAUSE AS A CONSEQUENCE OF:
heart failure, asthenia, etc. It meons the disease, injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
E E 981 X II	
C) OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W/	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No) yes
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g.,	in ar obout 22C. WHERE DID (If in Boltimare City, give exact location)
UNDERLYING BOR CONTRIB- UTING CAUSE OF DEATH. Nome, lorm, factory, street, affice Bar	Bido, etc.) INJURY OCCUR? Hanks Bar - 117 E. Lafayette Avenue
22D. TIME (Manth) (Day) (Yeor) (Haup) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
(APPROX.) August 29,1968 7:20, WHILE AT WORK AT W	Gunshot wound of chest
23. I certify that I held on Inquiry Inspection Au	topsy I and that on this basis, death in my opinion
resulted from: Noturol causes Accident Suicid	de Homicide 3 Undetermined monner
12/11	CHIEF MEDICAL EXAMINER DATE SIGNED
ACTUAL SIGNATURE Much M.D.	ASSISTANT MEDICAL EXAMINER X
EXAMINER'S Ronald N. Kornblum, M.D. NAME (Type)	ASSOCIATE MEDICAL EXAMINER August 30, 1968
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
BURIAL 9-3-68 MORelans 1	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
SEP 3 1968 A D. R. E. Fasheyt	War Cook-BROOKS 1217 ST. PAUL ST 21202
VS 151-REV. 1/I/6B	

Salabanas E. THE WATER THAT WE SHOPE HART MICHINES

DISTU NO	68	- 890	J6 CERTIFICA	TE OF DEATH	REG. NO	68-	8906
BIRTH NO.					AND HOUR OF DEATH		
(Type at Print)	hamah Winada	nio Edn		Α	augt 21 106	0	0.25 4 4
	hurch, Virgi			4. USUAL RESIDENCE (W. A. STATE B. CO	here deceased lived. If it	nstitution; resident	ce belate odmission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	West Virgini		SIDE CITY LIMITS?	
1 Y U	.S.P.H.S. Hos	spital		Tanana		YES	NO K
	100 Wyman Par		e	E. STREET AND NUMBER	2		
	altimore, Mar			Route 203,	Box 203		
. SEX	6. RACE	-	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr.	, If Under 24 Hrs
Famala	white.	WIDOWED		Sep-16-1903	last birthdoy)	Manths Days	Haurs Min.
Female	White			11. BIRTHPLACE (State or f		12. CITIZEN O	F WHAT COUNTR
	warking lile, even if retired)				g.,		
housewif			N/A	West Virgini	a	U.S.	Α.
3. FATHER'S NAM	WE			14. MOTHER'S MAIDEN N	NAME		
John Mun	су			Nancy (?)			
S. Was Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADD	RESS
es, na ai unknawn)	(II yes, give war ar date	s of service)	SECURITY NO.				
No			unknown	Records - USP	HS Hospital,		
18. 4. 3	1.9 4-12	OX	CAUSE OF DEAT	Anerografi	intrasa		ROXIMATE INTERVAL EN ONSET AND DEAT
	E OR CONDITION DI	RECTLY		O TO CHOPA	and society.	And In	
	LEADING TO DEATH		(A) IMMEDIATE CAL	ISE PHENEUR	.0	V	veres
	at mean the mode of asthenia, etc. It means		DUE TO, OR AS	A CONSEQUENCE OF:	1 0		
	plicotian which caused		Ma	ssive and	stund		1.
1	ANTECEDENT CAUSES		Lie.	in an Piaso		U	reces
DISEASES C	OR CONDITIONS, if	onv. giving	BUE TO, OR AS	A CONSEQUENCE OF	Status DU	27-	
rise to the	a bove cause (A) CONDITION last.			- exenter	white !	·	vectes
231	X II						
OTHER SIGNIE	CANT CONDITIONS CO						
	H BUT NOT RELATED TO TO ONDITION GIVEN IN PAR						
19A. DATE OF	OPERATION 198. CON	DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes at	No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CON	SIDERED
19A. DATE OF	68 Carc		f cervix	Yes	IN CERTIFYING CA	OF DEATH	11
U 21A. ACCIDEN	T WAS UNDERLYING	218	PLACE OF INJURY (e.g., i	n or obaut 21 C. WHERE DID	(If in Baltima	e City, give exac	t lacation)
	TING CAUSE OF	han etc.	ne, form, factory, street, ol	fice bldg., INJURY OCCUR			
U				015			
21 D. TIME OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED		INJURY OCCUR?		
(APPROX.)		WE	nile At Nat While At Wark	е			
22	that her (this bassion) attended a	the deceased from	I., 1 1	19 68 to Aug	uct 21	10 60
					0		
that (炊(we)	last saw the decease	ed alive an	August 31	19.68and	that In (aur) ap	inian death ac	curred an the da
and have and	from the causes sta	ted abave. (文) (We) (did) (知過至近) v	lew the bady after deat	h.		
23A. SIGNATU	RE M	11)0	MO			23B. DATE SIG	1 20
	James 111	· Wei		mding Med.	Staff Phys.	9-1-	-68
23 C. PHYSICIA	N'S		DEGREE	23D. ADDRESS	rilys. 🛣		
NAME (T		MEA	VFR				01011
U H	MENT	W L. II	DEGREE	U.S.P.H.S. Ho			
REMOVAL	MATION, 24B. DATE	24C. N	AME of CEMETERY OF CRI	EMATORY 24D	LOCATION (C	ity, town, or cau	nty) (Stotel
B	9/5/1	8	Short Ridge	Cemetery (Farland		WestVin
25A. DATE REC'D	BY HEALTH BEPT.	258, NAME	OF REGISTRAR	25C. FUNERAL DIRECT		A	DDRESS
S	EP 3 1968	DO 6	8 stalling	John J.	8	RA	2 20
	0 1000	40000	- A contract of	19- The	romer & Gens	sallo	ina
/S 150-REV 1/1/4	6 R						





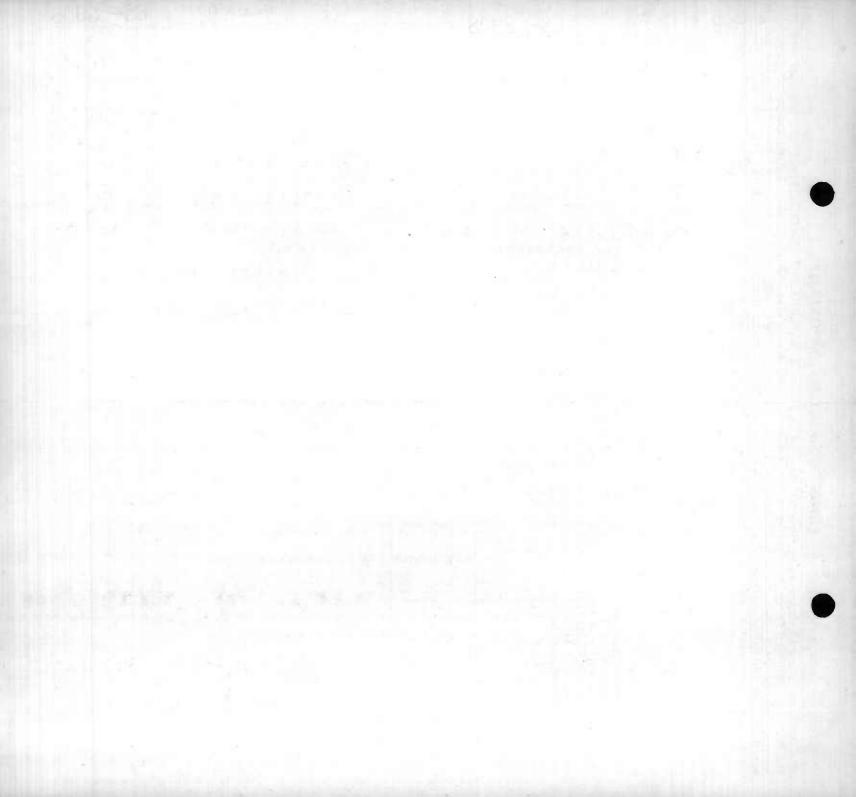
a hospital and

				TY HEALTH DEPAR			68-	- 8908
	68	- 8908	CERTIFIC	ATE OF DE	ATH	REG. NO.	00	0300
BIRTH NO.						D HOUR OF DEAT	Н	
Type or Print	1 14		-		- 1	29/68		110.
PLACE IN BAL	TIMORE MARYLAND, W	HERE PRONOUNG	ED DEAD		ENCE (When	e deceased lived, if	institution; re	sidence before admission
				A. STATE	B. COUN	TY		
ULL NAME OF	ADDRESS OR LOCA	AL OR INSTITUTIO	N, GIVE STREET	Mg.		alt.		
NOITUTITAL				C. CITY OR TOWI	N	0.11	VSIDE CITY LI	
Muio	, Memoria	al H 02	8.	E. STREET AND	NUMBER.	9	YES 🔄	NPL
44						C. 0	· -	
SEX	6. RACE			B. DATE OF BIRTH				errace
E	W	WIDOWED	NEVER MARRIED DIVORCED	8/24	19	9. AGE (In years lost birthday)	If Under Months	Doys Hours Min.
	UPATION (Give kind of work	10B. KIND OF BU	SINESS OR INDUST	RY 11. BIRTHPLACE	State or forei	gn country)	12. CITI2	ZEN OF WHAT COUNTR
\ XXXX	working life, even il retired) PIVICE (ODI.	Stewart	& Co.			ltimore		U.S.A.
FATHER'S NA	ME (or MacLe	ary)		14. MOTHER'S M	AIDEN NAM	AE		
105	eph WCL.	eary		T	126	ara W	ck	
S. Wos Deceosed	Ever in U. S. Armed For	ces? 16	SOCIAL	17. INFORMANT	,			ADDRESS
es, no or unknown	ill yes, give wor or dote	s of service	SECURITY NO.	Dhilin	TD	h. ale		
110 /			CAUSE OF DE		luccy	, husband	i, abo	APPROXIMATE INTERVAL
18.5 7 /	17		CAUSE OF DE	NIII				BETWEEN ONSET AND DEAT
DISEA	SE OR CONDITION DI	RECTLY						
(TC: 1			(A) IMMEDIATE C	AS A CONSEQUENCE	pati	c Como		
	nat mean the made of asthenia, etc. It means		DUE TO, OR	AS A CONSEQUENCE	OF:			
	nplicofian which coused							
	ANTECEDENT CAUSES			Cillie	,, 0	11.000	,	
DISEASES (OR CONDITIONS, if	ony, giving	DUE TO, OR	Cirolos AS A CONSEQUENCE	OF:	~ () C		
rise to th	e above couse (A)							
UNDERLYIN	G CONDITION last.		(c)					
581.0	11							
	FICANT CONDITIONS CO TH BUT NOT RELATED TO T							
A DISEASE OR C	ONDITION GIVEN IN PAR	T 1_(A).	•••••					
19A. DATE OF	OPERATION 198. CON		CH OPERATION	20 A. AUTOPSY	? (Yes or No	20B. IF YES, WEE	RE FINDINGS CAUSES OF I	CONSIDERED DEATH?
<u> </u>				NE	7			
OF CONTRIB	NT WAS UNDERLYING [OF INJURY (e.	office bldg., INJURY	OCCUR?	(If in Boltin	nore City, glv	e exact location)
	medical examiner	etc.)	3,100,000	3				
21D. TIME	(Month) (Doyl (Year)	(Hour) 21 E. IN.	JURY OCCURRED	21F. HO	W DID INJ	URY OCCUR?		
OF INJURY		While	At Not W	/hile				
(APPROX.)		Work	L At W	ork 🔲				
22. I certify	that (1) (this hospital	attended the	deceased from	8 18	/1	9 68 to	8/2	9 1968
that (I) (we)	Jost saw the decease	ed alive an 8	129	19 68	and the	et in(my) (our)	pinion dear	th accurred an the da
	d fram the couses star		V-V(4:4) (4:4				,	
23A\ SIGNATU	Page 1	red dbove. (i) (I	replata (ata hat) view the bady of	rer deoin.		DOD DAT	E SIGNED
23A 310NAT	1 2		. 0	Attending Me		51-11	23 B. DAI	E SIGNED
1	2000 Co	2000				Staff Phys.	81	29168
23C. PHYSICIA NAME (1	N'S			23D. ADDRESS				RETURNED IN
TANCE (100			Uluina	Memo	sol Has	0.	
4A. BURIAL CRE	MATION, 248, DATE	24C NAME	of CEMETERY of	(EE)			(City, town, c	or county) (State)
REMOVAL			o. Certification	- LIVIAIONI	240. 6	CAHON	Cony, Iown, C	. coomy, cardier
Buri		B Holy	Redeeme	r Cemeter	y Ba	altimore.	Md.	
SA. DATE RECO	BY HEALTH DEPT	25B NAME OF		25C. FUNERAL	DIRECTOR			ADDRESS
		POCHO CIT	APPROACH LINE	33		Funeral F		Inc.

Cemetery Baltimore, Md.

25C. FUNERAL DIRECTOR
Schimunek Funeral Home, Inc.
3331) Brehms Lane

VS 150-REV. 1/1/6B



VS 150-REV. 1/1/68

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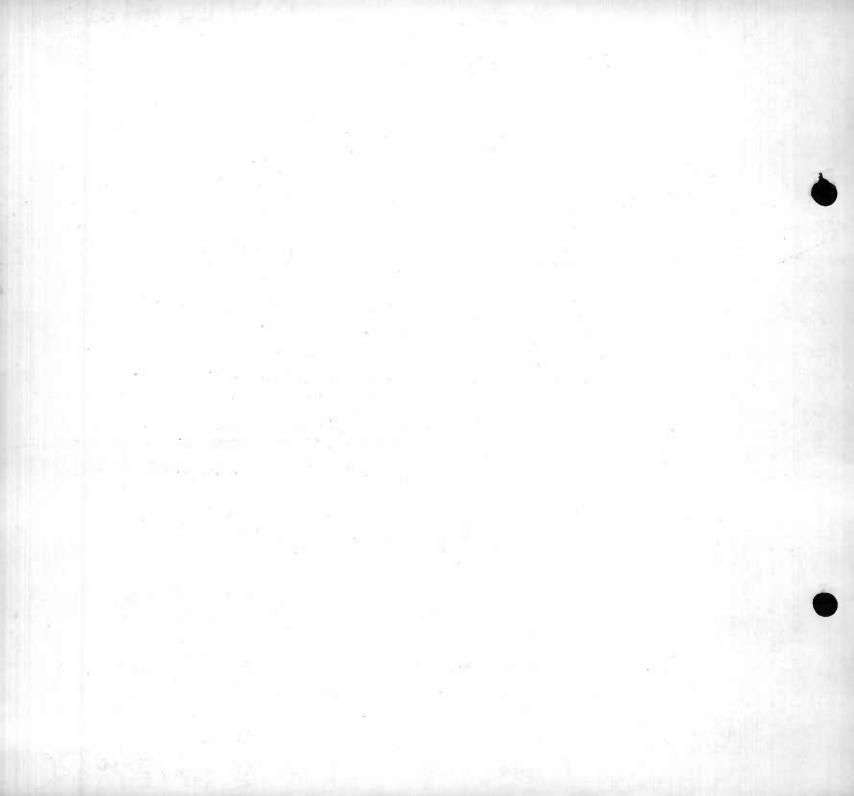
	0010	BALTIMORE CITY HEALTH DEPARTMENT
8-	8910	CERTIFICATE OF DEATH

68-8910

BIRTH NO.	68	- 891	CERTIFICA	TE OF DEAT	H REG. NO	00 0310
1. NAME OF DE			MANUE TO	2. DA	TE AND HOUR OF DEAT	
3. PLACE IN BA	LTIMORE MARYLAND, W		UNCED DEAD	4. USUAL RESIDENCE		institution: residence before odmission)
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	C. CITY OR TOWN	Delth	ISIDE CIDETIMITÉ
00				Baltimore E. STREET AND NUM	BER	YES NO NO
	shburn Ave. Ba			602 Washi		
5. SEX Male	6. RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	5/18/99	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	UPATION (Give kind of worl working life, even if retired) rigger	10B, KIND OF	BUSINESS OR INDUSTRY	Maryland	or foreign country)	US A
13. FATHER'S NA				14. MOTHER'S MAIDE	NNAME	UDA
TTless						
Unknow 15. Wos Deceose	Ever in U. S. Armed For	ces?	1 6. SOCIAL	Mary Uni	nown	ADDRESS
No	n) (II yes, give wor or dote	es of service)	SECURITY NO. 214-03-2234	Irving Be	ernard 602 W	Md. 21225 Washburn Ave. Balto.
18. 4 9	2 X I	86 1 1	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
rise to II UNDERLYIN	OR CONDITIONS, if the obove cause (A) G CONDITION last.	sloling the	(c)		e emphysema	
DISEASE OR	CONDITION GIVEN IN PAR	IDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes		E FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF	21B hom etc.	PLACE OF INJURY (e.g., ine, lorm, foctory, street, o	n or obout 21 C. WHERE I	OID (If In Boltim	nore City, give exact location)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)		INJURY OCCURRED	• 🗖	D INJURY OCCUR?	
	y that (I) (Will Kalpitz Mast saw the decease		he deceased from 8 January 17	/27/68 19 68		/27/68 19 pinian death accurred an the dat
		ted abave. (I) (MSZ (did) (MIMCXSX)	riew the bady after d	eath.	
23A. SIGNAT	and a second	ulu	So ODEGREE Phy	ending Med. S. Director	Shaff Phys.	23B, DATE SIGNED 8/28/68
23C. PHYSICI NAME (Type)	, M.D.	DEGREE		E. Patapsoltimore, Md	
24A. BURIAL CR REMOVAL Burial	(Specify) 248. DATE 8/31/6		AME of CEMETERY of CR	EMATORY		(City, town, or county) (State)
	BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIR		ADDIESS25
	SEP 3 1968	Or Dog By	2 Fallones	Mr Cilly	1/237 Patapsc	o Ave. Balto. Md.

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FUNERAL DIRECTOR: IMPORTANT	e e	D	010	ar	pq
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and other body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
	er	5:	D.C	dse	87
	is	30	SE	Ce	2
	나	sh	3	de	3

-	and the		00	DA & BALTIMORE CITY	HEALTH DEPARTMENT	60_	0044	
			68- 8	CERTIFICA	TE OF DEATH	REG. NO. 68-	0911	
- 11		H NO.		CERTIFICA				
	Type of Print) EDNA IRONMONGER			2. Date and hour of Death 25 AVG 1968 1 5mg M.				
I	3. P	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY				
Į	HO:	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) NSTITUTION		C. CITY OR TOWN D. INSIDE CITY LIMITS?				
8	N	MARYLAND GEN. HOSPITAL		E. STREET AND NUMBER 5316 VVINNER AVE.				
	4	18						
	5. SI	MARKIED NEVER MARKIED			8. DATE OF BIRTH 9. AGE (In years lost birthday) 10-16-97 10-10-10-10-10-10-10-10-10-10-10-10-10-1			
	10A.	USUAL OCCUPATION (GIV		OF BUSINESS OR INDUSTRY		country) 12. C	ITIZEN OF WHAT COUNTRY?	
	done	during most of working lite, even if retired)			MD.		U.S.A.	
	13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME				
		FRANK	WETT		CATHERINE RUPPERT			
	15. V	Vos Deceased Ever in U., ,no or unknown) (1f yes, give	S. Armed Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
ı		No	_	7 17 -33-38	EVELYN ROPKA	(DAUGHTER)	SAME	
H		18.4/0,9		CAUSE OF DEAT	to for curon if		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
I		LEADING TO DEATH			A	M.I.	dars	
ı		(A)IMMEDIATE CAUS			JJE			
ı		heart failure, asthenio, etc. It means the disease, injury or complication which caused death)						
ľ		ANTECEDER	NT CAUSES	(KIDN	ETS, spieron, &r	TALL INTEST	re, (DLEG)	
ı		DISEASES OR CONDI	TIONS, if any, gi	Ving DUF TO, OR AS	A CONSEQUENCE OF:			
ı	Н	rise to the obove		the (c) Aoras	ATHERS CLE	100 2 8160N	1puer	
ı		420.1	1	1) 460	7/1768/18 31	MARIO LONY	10.01	
ı	NO	OTHER SIGNIFICANT CON			1/21	2.11.714-7	days.	
S DISEASE OR CONDITION GIVEN IN PART 1 (A).								
	CERTIFIC	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED			20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
	_	21A. ACCIDENT WAS UN OR CONTRIBUTING CA DEATH (notify medicol exc	USE OF	21B. PLACE OF INJURY (e.g., inhome, form, foctory, street, or etc.)	n or obout 21C. WHERE DID	(If In Boltimore City,	give exoct locotion)	
	0		Doy) (Yeor) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJUR	A OCCIES		
	NE NE	OF INJURY		While At Not While	e	. Occor.		
		(APPROX.) Work At Work			3 11	120		
		22. I certify that (1) (th			****	68 to 25 Cevi	***************************************	
					19 6 8 ond that	In(py/) (our) opinion d	eoth occurred on the date	
			couses stated abov	e. (M) (We) (did) (did not)	view the body ofter death.	102 P. F	PATE SIGNED	
		23A. SIGNATURE		Atte	ending Med. St		aug 68	
-		23C. PHYSICIAN'S		OEGREE Phy	s. Director Ph	-	0	
	1	NAME (Type) H .	. WARRE	M.D.		GEN. HOSP.		
1	AA	BURIAL EREMATION, 2-	AD DATE	C. NAME of CEMETERY OF CR	EMATORY 24D. LOC	ATION A City, toy	n, or county) (Stote)	
1	4	Max G	14 48 68 1	Modelaun	Cour. L	well med	. /	
	25A	DATE REC STY HEALTH		ME OF REGISTRAR	25C. FUNERAL DIRECTOR	au /1/17	ADDRESS	
	VS	150-REV. 1/1/68	ATOCH	to C. Thursday	1 Wellet	00/	No All	



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Joseph W. Solder S. Conking & Boli. 10

IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH BIRTH NO. I NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type of Print) A. STATE

B. COUNTY

A. STATE

B. COUNTY 3. PLACE IN BALTIMORE WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN INSIDE CITY LIMITS? INSTITUTION YES L E. STREET AND NUMBER If Under 1 Yr. Months Doys 6. RACE B. DATE OF BIRTH 9. AGE (In years 5. SEX 7. MARRIED NEVER MARRIED ast birthday WIDOWED DIVORCED IDA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIAM ULRICH IS. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMAN (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. ON NO CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUE heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, il ony, giving to the obove couse (A) stoting the UNDERLYING CONDITION lost. П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID 21A. ACCIDENT WAS UNDERLYING (If In Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? MEDICAL DEATH (notify medical examiner) 21F. HOW DID INJURY OCCUR? 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED Not While While At (APPROX.) Work At Work 22, I certify that (1) (this hospital) attended the deceased fram __19__and that In(my) (aur) opinion death occurred on the date that (1) (we) last saw the deceased alive an. and have and from the causes stated above. (1) (We) (did) (did not) view the bady after death. 238, DATE SIGNED 23A. SIGNATUR Attending [Staff Phys. Phys. DEGREE 23C. PHYSICIAN'S NAME (Type 23D. ADDRESS 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) GARDENS OF FA

NO

Hours

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

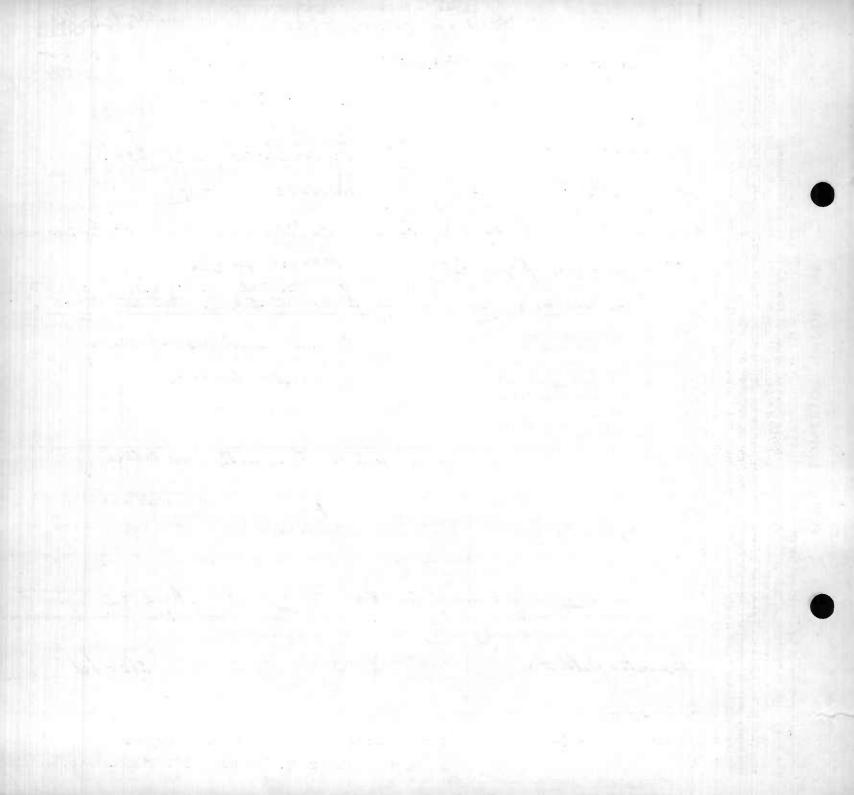
ADDRESS

If Under 24 Hrs. Hours i Min.

25B NAME OF REGISTRAR FUNERAL DIRECTOR HEALTH DEPT. ROBERT C. 6009 HARFORD VS 150-REV. 1/1/6B

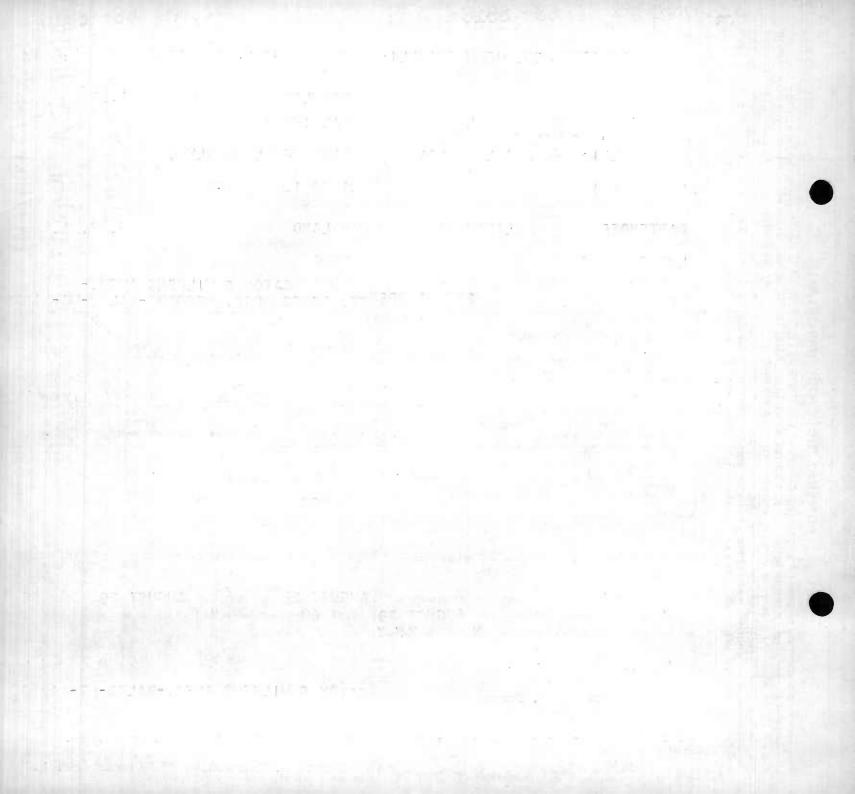
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VS 150-REV. 1/1/68



Howard H. Hubbard, 4107 Wilkens Ave. 21229

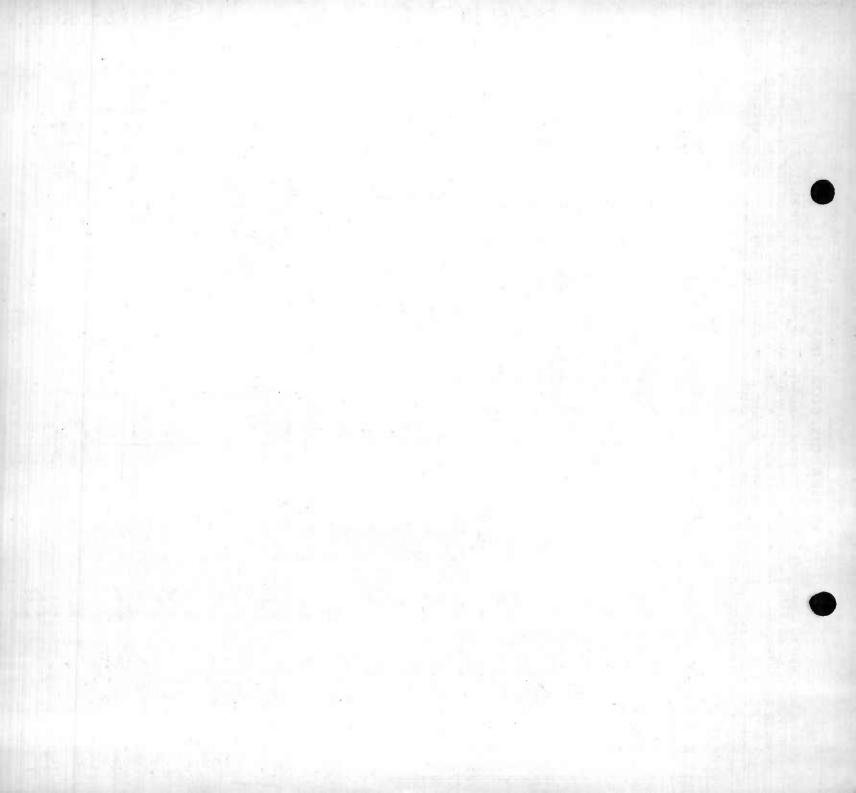
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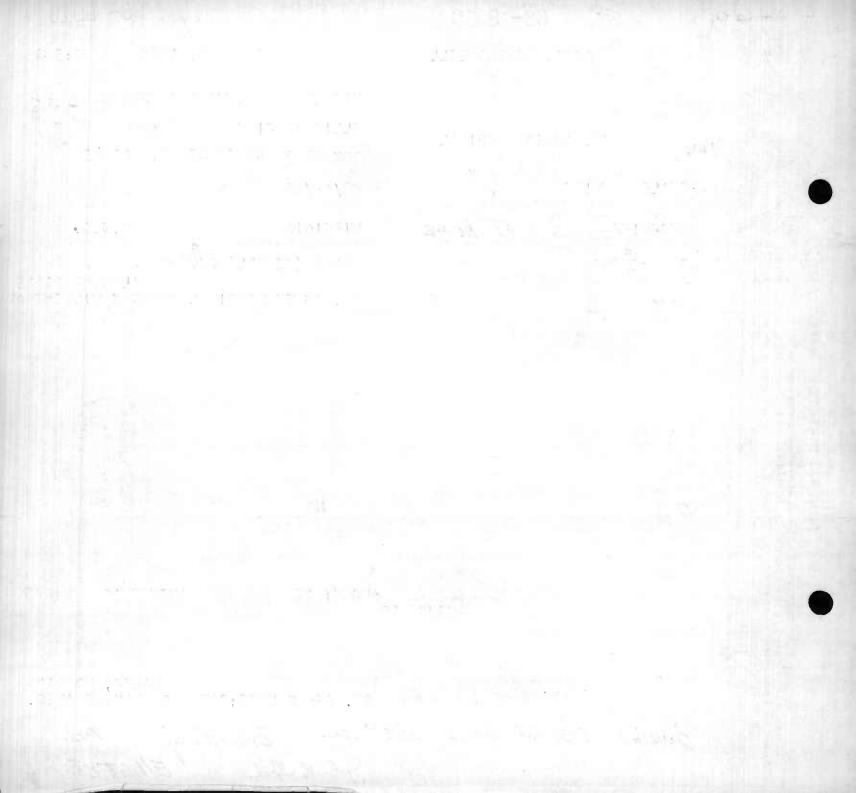


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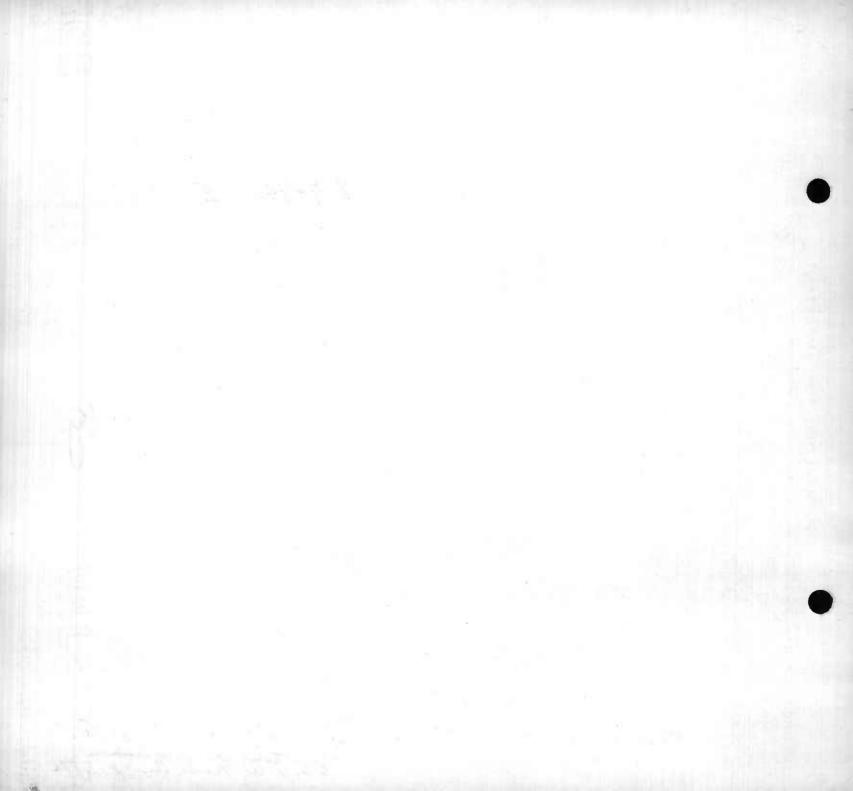
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the death); and (6) No physician was in regular attendance on the death. Such
the show

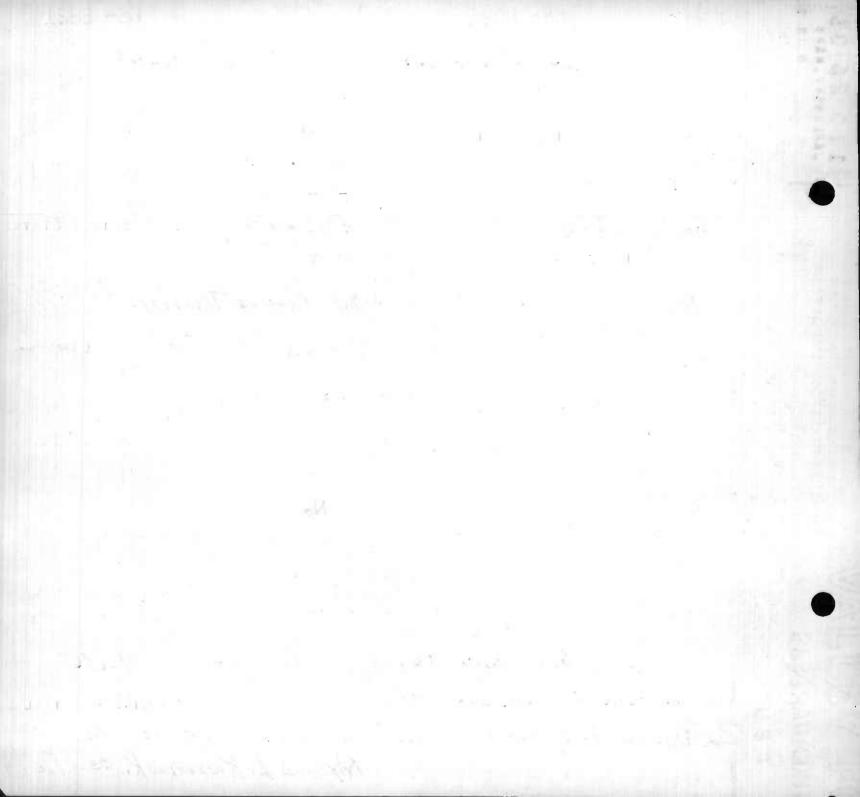
	68- 8	11140	TE OF DEATH	REG. NO	68- 8918
	ATH NO.	CERTIFICA		D HOUR OF DEATH	
(Ty	pe or Print BARber, Ch.	AR/es	8-2	6-1968	n; residence before odmission)
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO		A. STATE 8. COUN	TY I I I I I I I I I I I I I I I I I I I	in: residence before odmission/
HO	ILL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE CI	MITS?
1	George Washington	NURSing	BALTIMO	YES YES	NO 🗆
. 9	70	/	E'STREET AND NUMBER	ulton AV	E
5. 9	SEX 6. RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years If U	nder 1 Yr. If Under 24 Hrs. ths Doys Hours Min.
1	// //	VED DUNNINARGED D	1908	68	ms boys Hours with.
don	A. USUAL OCCUPATION (Give kind of work 10 B. KtN I ne during most of working life, even if retired)	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	gn country) 12.	CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AROLINA	U.S.H.
2	and a d		unknow		
15.	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	^	ADDRESS
(Ye	s,no or unknown) (If yes, give wor or dotes of servi	217-059207 A	ChART-# 253	607 60	nna AUS
	18.	CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		CVA		3 days
	(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise		A CONSEQUENCE OF:		
	injury ar camplication which caused death.)		N		Ulehnown
ש	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, given		Card - vase D		
3	rise to the abave cause (A) stating UNDERLYING CONDITION last.		We Post Cu	1A'5	Unknown
NOIL	44.3X II	(0)-4			
NOI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN				100000000000000000000000000000000000000
o S	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FINDIN	
ERTIFI			No	IN CERTIFYING CAUSES	
CAL CER	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	fice bldg., tNJURY OCCUR?	(If in Baltimore City,	give exoct location)
WEDI	21D.TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?	
	(APPROX.)	While At Not While At Work			
	22. I certify that (I) (this hospital) attend	5/ /5 3		965 ta 8/2	- G 19 68,
	that (1) (we) last saw the deceased alive and haur and from the causes stated abov			at in (my) (والمرح) aprintan	death accurred an the date
E C	23A. SIGNATURE	e. (1) (ye) (a)a) (ala hai) v	rew the bady after death.	23B.	DATE SIGNED
	Wellock T	DEGREE Phys		Staff Phys. 8	26/68
24/	23C. PHYSICIAN'S NAME (Type) E E LLa /+		TALE 1. La. L	111. 4. 0	11.
24/	A. BURIAL CREMATION, 248 DATE 24	C NAME of CEMETERY OF CRE	9/1941/19/19/19/19/19/19/19/19/19/19/19/19/19	OGATION (City, tov	vn, or county) A (State)
	REMOVAL (Spacify) 93/68	M. Culien	(2) 1 (1)	1 B.	Manh
25/	A. DATE RECOUNT HEALTH DENT. 258, NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	8 Minus	ADDRESS
3	3EP 3 1968 Of Bee	of E, starbenta	Somme of Care	2001/12 W.	IV with the
Ve	150-REV. 1/1/6B				





VS 1S0-REV. 1/1/68





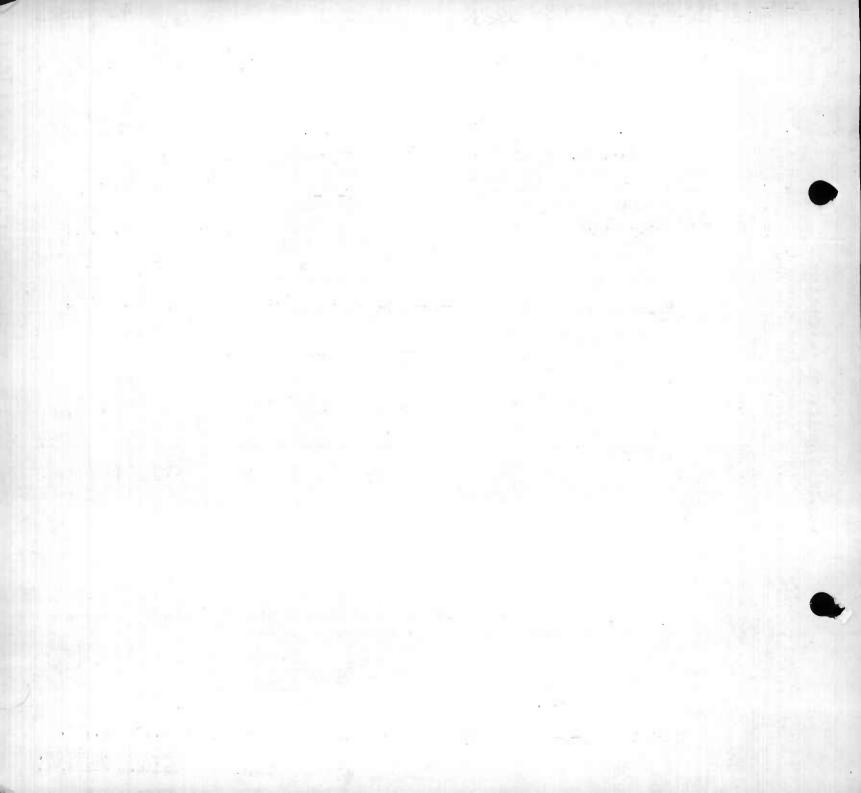
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88- 8922 BALTIMORE CITY HEALTH DEPARTMENT

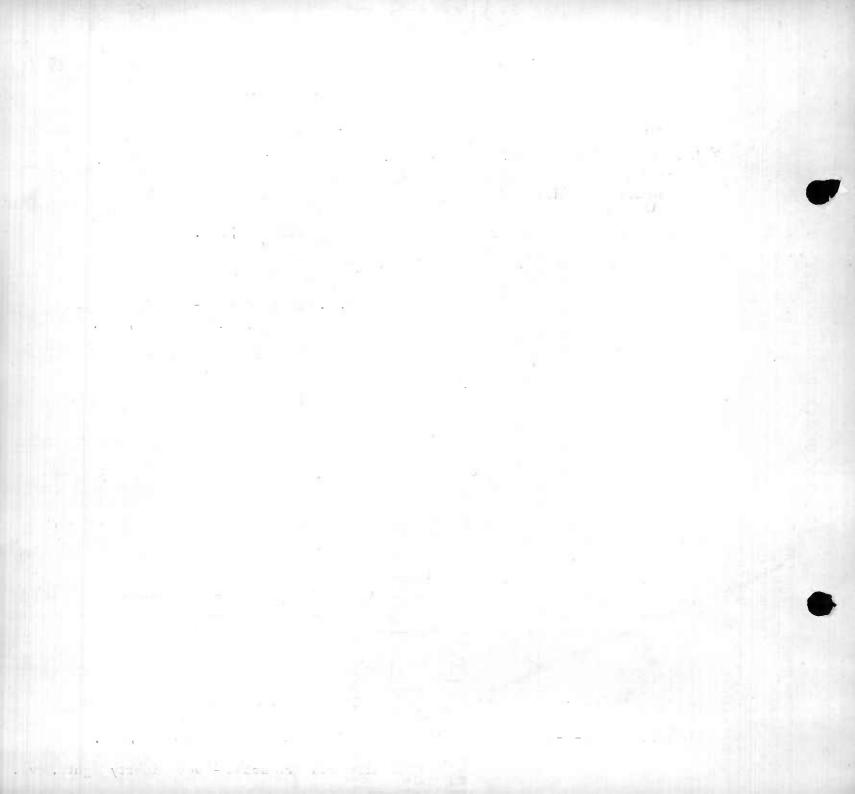
	8922 BALTIMORE CITY HE		DEATH	68-	8922
BII	MEDICAL EXAMINER'S C	ERTIFICATE OF	- DEATH REG	. No	0022
	NAME OF DECEASED	2. DATE Known XX	Month Do	y Yeor	Hour
	pe or Print)	OF FALLE	0 00		0 1 7 11
4	WILBERT H. ROBERTS PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE	8 28 Month Do		8:45 a M
FU	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD	August 28	1968	8:45 a M
OR	O 3133 Guilford Ave. D.O.A.	S. USUAL RESIDENCE (Whe A. STATE Maryland	re deceased lived. If Ins B. COU		before admission)
6.	SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN	D. INS	IDE CIFF MMITS	?
		7 - 1		I was the	A dense
0	Male White WIDOWED DIVORCED DI	Balto. E. STREET AND NUMBER.		YES	NO 🗆
	last histhelast Months, Days, Hours, Min	E. STREET AND ITOMBER	Sinte Spiller		
	ane 27,1929 39	3133 Guilfor	d Ave.		
11.	BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME			
	Joleet, Mont. WHAT COUNTRY?	Floyd Robert	S		
	A.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NA	AME		
	ne during most of working life, even if retired)	- 0			
_		Emma:			
16. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO.	18. INFORMANT		ADDRESS	
-	19.4 / CAUSE OF DEA'	IH			APPROXIMATE INTERVAL
	/ / × / / 1				TWEEN ONSET AND DEAT
		lerotic cardiov	ascular dis	ease	
	LEADING TO DEATH (A)IMMEDIATE C				
Ľ	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	S A CONSEQUENCE OF			
П					
	ANTECEDENT CAUSES (B) DUE TO CB	AS A CONSEQUENCE OF:			
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR . RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:			
7	LINDERLYING CONDITION LAST.				
Ó					
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	25 44440 00 00 00 00 00 00 00 00 00 00 00			
RT	20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WA	AS PERFORMED		21. AUT	OPSY? (Yes or No)
핑	2				,
بدا					YES
MEDICA	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., home, form, foctory, street, office	in or obout 22C. WHERE DID bldg., etc.) INJURY OCCUR?	(If in Soltimore City, g	ive exact location)
Σ		22F. HOW DID 1	NJURY OCCUR?		
		WHILE			
	III. WORK	ORK L			
	23.	VY			
Н	I certify that I held on Inquiry Inspection Au		this basis, deoth i		
	resulted from Natural courses Accident Suicid	e Homicide	Undetermined ma	nner	
		CHIEF MEDICAL	EXAMINER		
	ACTUAL Sol of TIVILE	ASSISTANT MEDICAL	Tarab -		DATE SIGNED
	SIGNATUR M.D	•	=		
	EXAMINER'S	ASSOCIATE MEDICAL	EXAMINER L	August 28	8 1968
-	NAME (Type) Edward F. Wilson, M.D. A BURIAL CREMATION. 24B. DATE	CREMATORY Tour		ly, town, or count	
	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORT 24L			
	Burial 9-3-68 Hamton Natl.	Cem.	Ham	pton	Va.
25	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	2SC. FUNERAL DIREC	TOR	ADDRESS	
	9-2-68	WAY I TI	CVNED .	CILAIS IA	18

. WE PROLETED THE WM. L. TICKNER & SUMSLIBER

VS 150-REV. 1/1/6B



BALTIMORE CITY HEALTH DEPARTMENT



deceased prior to death); and (6) No physician was in regular attendance on the deceased

VS 150-REV. 1/1/6B

Such

prior to death.

a hospital and

	000=	BALTIMORE CITY HEALTH DEPARTMENT
8- 89	8925	CERTIFICATE OF DEATH

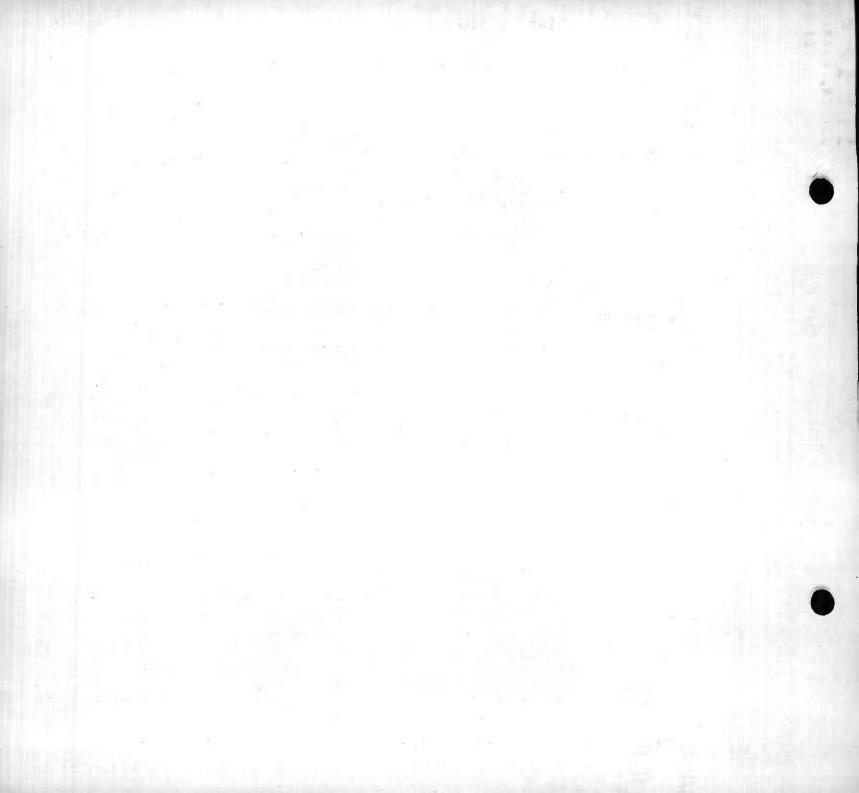
REG. NO.	68-	8925

1. NAME OF DECEASED (Type or Print) Mary Edna Edelen 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, Il institution: residence A. STATE B. COUNTY	
Mary Edna Edelen August 30, 1968 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, Il institution: residence	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, II institution: residence	
	e before odmissio
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET MARYLAND BALTIMOTE C. CITY OR TOWN D. INSIDE CITY CIMITS?	0
Baltimore YES 🔀	NO 🗌
218 Ridgewood Road Manufandon Ants 3501 St Paul Str	
Marylander Apts: 3301 bt.1 att bti	eet
5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months; Doys	II Under 24 H Hours Min.
Female White WIDOWED DIVORCED 10-2-1888 79	
0A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	WHAT COUN
At Home Baltimore, Md. USA	
3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
William J. Edelen Mary Jane Fenwick	
5. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDR	ESS
	21209
	DXIMATE INTERVA
DETWEET	ONSET AND DE
OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	
hearl failure, asthenia, etc. II means the disease, injury ar camplication which caused deoth.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:	
rise to the above cause (A) stoling the UNDERLYING CONDITION last. (C)	
46ex II	-
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL IDISEASE OR CONDITION GIVEN IN PART 1 (A). ✓ DISEASE OR CONDITION GIVEN IN PART 1 (A).	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDER OF DEATHS	IDERED?
21A. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR?	lacotion)
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
While At Not While At Work	
22. I certify that (I) (this haspital) attended the deceased from JULY 7 19 68 to AUF 30	10 6
that (I) (we) last saw the deceased alive an SULY 7 19 68 and that in (my) (aur) apinion death acc	unad as Abo
	orrea an the d
and haur and from the causes stated above. (I) (We) (did) (did not) view the body after death. 23A. SIGNATURE	IFD
Attending Med. Shaff D	
DEGREE Phys. Director Phys. 5	0-68
23C. PHYSICIAN'S NAME (Type)	
FRANCIS X CARMODI DEGREE	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or count REMOVAL (Specify)	y) (Stote)
Burial 8-31-68 New Cathedral Cemetery Baltimore, Maryland	
	DRESS
SEP 3 1968 O. A. S. Fallows Ellsworth Armacost-4600 Liberty	Hghts. A

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VS 150-REV. 1/1/6B



V-340

68- 8927 BALTIMORE CITY HEALTH DEPARTMENT

00 00~			00	000
MEDICAL EXAMINER'S	CERTIFICATE OF	DEATH PEG NO	68-	892

BIRTH NO.	REO. IVO.
1. NAME OF DECEASED (Type or Print) DATATE	2. DATE Known Month Doy Yeor Hour
DAVID A. VITILIO	DEATH Estimoted Deptember 1, 1900 11.40 P.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour PRONOUNCED DEAD Contambor 1 1069 11.40 B
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	September 1, 1968 11:40 P. S. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)
4 4 UNION MEMORIAL HSOPITAL	A. STATE Mayrland B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED DIVORCED	BAltimore YES X
9. DATE OF BIRTH 10. AGE (In years ff Under 1 Yr. If Under 24 F Months; Days Hours; N	rs. E. STREET AND NUMBER
18G. 4 1741.	3319 Rosalie Avenue
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
Beltimore, Md WHAT COUNTRY? 14A-USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUS	Paul D. Vitilio
done during most of working life, even ifretired)	77
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	III. INFORMANT ADDRESS
(Yes, no or upknown) (If yes, give wor or dates of service) SECURITY NO.	and the second s
Yes: 12/ / 67 tu 9/1/68 220 52 3212	Mary Wedgman 1328 Halatead Rd 21234
Pronch	opneymonia
LEADING TO DEATH	
(A)IMMEDIA	TE CAUSE OR AS A CONSEQUENCE OF:
injury or complication which caused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	OR AS A CONSEQUENCE OF:
Z UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TOTAL	
O TO THE DEATH BUT NOT PELATED TO THE TERMINAL	enous Narcotism
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	WAS PERFORMED 21. AUTOPSY? (Yes or No)
0/2	yes
UNDERIVING TOP CONTRIB. Ihome, form, foctory, street,	.g., in or obout 22C. WHERE DID (If in 8oltimore City, give exact location) office bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRE	ED 22F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) WHILE AT	NOT WHILE
23. m. WORK A	- I WORK
I certify that I held an Inquiry Inspection	Autapsy 🔀 and that an this basis, death in my apinian
resulted fram: Natural causes X Accident Sui	cide Hamicide Undetermined manner
ACTUAL PROBLEM MILES	CHIEF MEDIÇAL EXAMINER DATE SIGNED
EXAMINER'S Ronald N. Kormblum, M.D.	m.b.
NAME (Type)	ASSOCIATE MEDICAL EXAMINER September 2, 1968
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETE REMOVAL (Specify)	RY ar CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial Sept 5 1968 Gardens of	Faith Cam Trumps Mill Rd Balto Md
2SA. DATE REC'D BY HEALTH DEPT. 2S8. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR ADDRESS
SEP 3 1968 P. D. B E, Joshup	DIPPEL BROS INC 7110 BELAIR RD
/S 1S1-REV. 1/1/68	6

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			00		EXAMIN				OF	DEAT	H\	68-	- 8928
BII	RTH NO.		71120	ICAL L	-/////////	LICO			01	ואלו	" REG. NO)	00.00
	NAME OF DECE		T. T. CA	ממ			2. DATE OF	Known		Month 8	Эоу 31	Year 6.9	Haur 7.40 a
4.	PLACE IN BALT		HI. GA		NOUNCED DEA	AD	3. DATE	Lammon		Month	Doy	68 Year	7:40 a
FU HC	LL NAME OF	(IF N		L OR INSTITU	TION, GIVE STRE		II .	INCED DE	AD		gust 31		
OR	INSTITUTION						A. STATE			deceosed !	B. COUNTY	on: residence b	pefore odmissian)
6.		ity He	ospital		NEVER MA	ARRIED	C. CITY OR	rylan TOWN	d	10	D. INSIDE	() CITY LIMITS?	22-00
		White		WIDOWED	DIVO	ORCED	Balto					YES 🗌	NO S
	DATE OF BIRTH		10. AGE (Ir last birthdo		Under 1 Yr. If Un onths Doys Ho		E. STREET A						
_	BIRTHPLACE (SI		ign country)	12.	CITIZEN OF	i	13. FATHER		nbri	ar Lai	ne		
	Beltimo				WHAT COUNT			hn Ga					
	USUAL OCCUP e during most of wo	orking life, e			4 9 16					ΛE			
16.	WAS DECEASE		U.S. ARMED		17. SOCIAL	TCA	18. INFORM	se Un				ADDRESS	
(Y e	s, na or unknown) ((If yes, give	wor ar dotes	of service)	214 40	4954			ohn	Geff :			re 21237
	19.	2.41			CAUS	E OF DEA	TH .	·		2.			PROXIMATE INTERVAL
			DITION DIRE	CTLY	Art	eriosc	lerotic	card	iova	scula	r disea	se	
	_	EADING T	O DEATH made of dy	ing, e.g.,		MMEDIATE C	AS A CONSEQ	LIENCE OF					
	heort foilure,	osthenia, et	c. It means the ich caused dec	diseose,		02.107.011.		OLIVEL OI					
	AN	TECEDEN	CAUSES		(8)								
	RISE TO THE	ABOVE C	IONS, IF ANY		, , D	UE TO, OR	AS A CONSEC	QUENCE O	F:				
NO	UNDERLYING	G CONDI	TION LAST.		(c)								
CERTIFICATION	TO THE DEA	TH BUT NO	II ONDITIONS CO OT RELATED TO N GIVEN IN PA	THE TERMINA			**************************************				****		
SERT	20A. DATE OF	OPERATIO	N 208. CON	NDITION FO	R WHICH OPER	RATION W	AS PERFORM	ED				21. AUTO	PSY? (Yes ar Na)
1	22A. EXTERN	IAL CALIC	11145	loos	DI A CE OF IA								ES
EDICAL	UNDERLYING		NTRIB-		B. PLACE OF IN					It in Boltimo	ire City, give e:	xact lacation)	
Σ	22D. TIME (A OF INJURY (APPROX.)	Manth)	(Doy) (Year) (Hour)	22E.INJURY O		WHILE -	2F. HOW	DID IN.	JURY OCC	UR?	11.00	
	23.		-	m.	WORK L	AT W	ORK					-	
	I certi	fy that I	held an I	nquiry 🗌	Inspection	Au	tapsy XX	and the	ot on th	nis bosis,	death in my	y oplnian	
	result	d from:	Natural cau	sès XX	Actident -	Suicio		micide [ined manner		
	ACTUAL	SI	and.	+W	1k			CHIEF MED		XAMINER	[X]x		DATE SIGNED
	SIGNATU	-	0,00	0 4	. [–	M.D		CIATE MEI					
	NAME (Ty	pe) F			on, M.D.							gust 3	
	A. BURIAL CREM MOVAL (Specify		24B. DATE		24C. NAME of					LOCATION		wn, ar caunty)	
25	A. DATE REC'D E	VUENITO		1968	Holy Rec	loemer			_		lair Ri	ADDRESS	o Md
23	S. DATE REC DE	EP 3	1968	O D I	TO STA	-		Dip		8**	ne 7110	-	r Rd

VS 151-REV. 1/1/68

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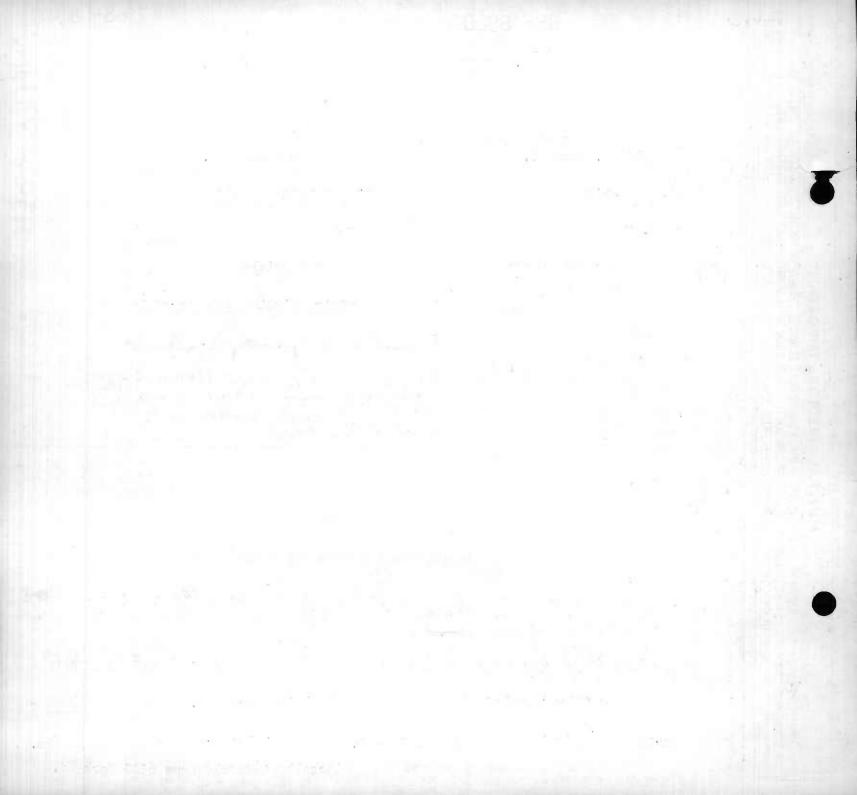
		0.0	000	BALTIMORE CITY	HEALTH DEPARTMENT		E8- 8000
		68.	- 892	CERTIFICA	TE OF DEATH	REG. NO	68-8929
BIRTH NO		ASED KRIS	TIAN	CERTIFICA	TE OF DEATH		
(Type or F	OF DECE.			N11	. A	ND HOUR OF DEATH	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		JOHN	SDL	By - 501	ADRY SEPT.	1,1368	13:21 A.M
3. PLACE	IN BALTI	MORE MARYLAND, W	HERE PRONOI	JNCED DEAD	A. STATE B. COUN	1TY	nstitution: residence before admission)
FULL NA		(IF NOT IN HOSPITA	L OR INSTITU	JTION, GIVE STREET	BALTIMORE ,	MYEATYND	, D.S.A.
HOSPITA		ADDRESS OR LOCA	TION)		C. CITY OR TOWN	D. Trys	SIDE CITY LIMITS?
	11110	CH HOME		LATIFRON	BALTIMOR	E	YES NO .
25	HDE	CH HOME	- 9	40211115	E. STREET AND NUMBER		()
25			63.350		1820 E.	PEAT	57. (31)
5. SEX		. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
MAI		THILE	WIDOWED		DEC . 2,1304	63	
		PATION (Give kind of work orking life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore		12. CITIZEN OF WHAT COUNTRY
	MAM	4		-	HORWA	3	U.S.A.
	R'S NAM				14. MOTHER'S MAIDEN NA	ME	
3	OHY	SANB,	t		244	cho mh	
15. Wos D	Deceased	Ever in U. S. Armed Ford	es?	1 6. SOCIAL	17. INFORMANT		ADDRESS
11 es, 110 of	'A	in yes, give wor or dole:	of service	SECURITY NO.	Son	hier B	al. I lace. 1
18.	0			CAUSE OF DEATH	Cardiai	The same	APPROXIMATE INTERVAL
10.	7-10	CA COMPITION DIS		CAUSE OF DEATH	Cardiai	arrest-	BETWEEN ONSET AND DEATH
		OR CONDITION DIR	ECILI		a Ashae	B	-1 (00)
		1 mean the made of		(A) IMMEDIATE CAU	SE & dobas /	mamoni	a pa
		sthenia, etc. It means lication which caused		^ ^	/	40	
111,017		NTECEDENT CAUSES	404111,7	Septill	unce son	ela .	
Dies				(B)	A CONSEQUENCE OF:	•••••	
		R CONDITIONS, if a abave cause (A)					
		CONDITION last.		(c) HSHD	e.e.F		
14	20.0	11					
OTHE	RSIGNIFIC	CANT CONDITIONS CON					
		BUT NOT RELATED TO THE					
		OPERATION 198. CON	DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or No	O) 20B, IF YES, WERE	FINDINGS CONSIDERED
E		WASTERI	OKMED			GERM MITO GP	TO SEA IN .
U 21 A.	ACCIDENT	TWAS UNDERLYING		PLACE OF INJURY (e.g., in	fice bldg., INJURY OCCUR?	(If In Boltimo	re City, give exoct location)
T DEAT	H (notify	medical examiner	etc.				
D 21 D. 1		(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID INJ	IURY OCCUR?	
E OF IN	110KA			ile At Not While			
			Wo				4.0
				he deceased fram8	- •	1	
that	(1) (we) I	ast saw the decease	d alive an	9.1.68	19and th	nat in (my) (our) ap	inian death accurred an the date
and I	haur and	from the causes stat	ed abave. (I) (We) (did) (did nat) v	iew the bady after death.		
23A. S	IGNATUR	E	2			/	23B. DATE SIGNED
	mes	bahndelowle		Phys	nding Med. Director	Staff Phys.	9.1.68
23 C. P	HYSICIAN	rs		DEGREE	23D. ADDRESS		1.001=12
	AAME (Ty	MESBAH (10 - DU	OMLA, MD	EHUREH HOMI	E AND H	05/1/06
244. 9119	IAL CREN			DEGREE	AA ATORY 124D 1	OCATION (C	City, lown, or county) (Stote)
	OVAL (Sp		2 -	_			
B	URIA	L SEPI4	00 19	T CARMEL			ST BAYO MO
25A. DAT	E REC'D	BY HEALTH DEPT.	25B. NAME C	OF REGISTRAR	25C. FUNERAL DIRECTO	R 104	OF LOMBARO ST
	2	EP 3 1968 (Lobert	E. Jakky Mil	O DIPPEL BRO	1 INC 1800	UZ LUMDHKU 3/
VC 150 B	EV. 1/1/6	2					

3-47 학교(대) 중 37·4·3·4/1 전 조합니다 82 108,2,388 NORWAY DISK GHEA HALAST HEUGE WHOL UNITED OF STREET Suprise Doches ! Comme about y e deper Businesser (4) Symbol warnings. ASHP. 6-6 F MESSARIFULLY DAVIS THE BUY SHE STONE HAVE HOLD HERESTE

	BALTIMORE	CITY	HEALTH	DEPARTMENT	
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68-	8930

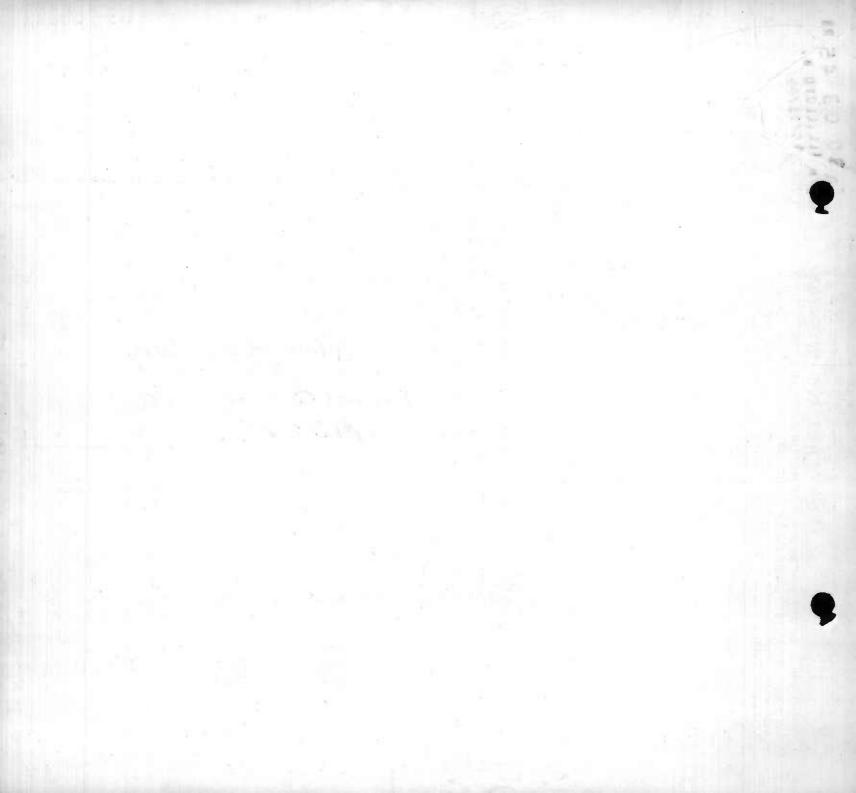
BIRTH NO.	68	- 893	CERTIFICA	ATE OF D	EATH	REG. NO	00 0000				
1. NAME OF DE				THE PARTY		NO HOUR OF DEAT					
2 DI ACE IN B	Mary	J. Becl		A HISHAL DESI		1st 28, 1968	institution: residence before odmissio				
3. PLACE IN B	ALTIMORE, MARYLAND, V	THERE PRONO	UNCED DEAD	A. STATE	B. COU	NTY	institution, residence delore dumission				
FULL NAME O	F (IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Md.		Ltimore					
INSTITUTION				C. CITY OR TOW		ю. п	SIDE CITY LIMITS?				
90	Century Nursi	ng Home		Baltimore E. STREET AND NUMBER							
10		3806 Echodale Ave.									
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRT	тн	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 H Months Days Hours Min.				
Female	White	WIDOWED	DIVORCED [12 21 18	382	85	77.011113				
done during most	CUPATION (Give kind of wor of working life, even if retired)	k 10B. KIND OI	F BUSINESS OR INDUSTR		(Stote or for	eign country)	12. CITIZEN OF WHAT COUNT				
Homema				Ireland	AAAIDEN NA	AAF	USA				
3. PATHER 3 IN											
5 Was Dages	Michael B		1 6. SOCIAL	17. INFORMANT	Quigl	ey	ADDRESS				
Yes, no or unknow	wn) (If yes, give wor or dot	es of service)	SECURITY NO.								
1B. L.f.			CAUSE OF DEA		Higgir	1s 3806 Echo	dale Ave				
UNDERLYII OTHER SIGN TO THE DE DISSEASES rise ta UNDERLYII OTHER SIGN TO THE DE DISSEASE OR CONTRI DEATH (not	ASE OR CONDITION DI LEADING TO DEATH nat mean the made of e, asthenio, etc. It means complication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) NG CONDITION last. II IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	dying, e.g., the disease, death.) any, giving stating the DNTRIBUTING (HE TERMINAL TI (A). HOLTION FOR FORMED	(B) DUJO, DR A (C) WHICH OPERATION S. PLACE OF INJURY (e.g., ne, farm, factory, street,	20A. AUTOPS	HERE DID Y OCCUR?	20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?				
OF INJURY	(Month) (Doy) (Year)		. INJURY OCCURRED hite At The Not Wh	ile 🗀	OW DID IN	JURY OCCUR?					
(APPROX.)		Wo	ork L At Worl		-	150	10000				
that (1) (w	fy that (1) (this haspita e) last saw the decease and fram the causes sta	ed alive an	ang 281	74			pinian death accurred an the d				
23A. SIGNA		red above. ((did hai)	view the bady d	itter death.		23B, DATE SIGNED				
Luc	ears ag	pu		ys. Di	led. irector	Staff Phys.	8/2/68				
Z3C. PHYSIC NAME	(Type)			23D. ADDRESS							
	Willard		UL O'NE			town Rd.					
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Buri 25A. DATE REC			Cathedral Co	emt 25C. FUNERA	Ba DIRECTO	ltimore	ADDRESS Md.				
	AFI 9 1200	Violent	E, Washington	Mitche	ll Wie	defeld Home	6500 York Rd.				
VS 150-REV. 1/	1/6B			19							



IMPORTANT

DIRECTOR:

FUNERAL



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68- 8932 BALTIMORE CITY HEALTH DEPARTMENT

	MEDICAL EXAMINER'S	CERTIFICATE	OF	DEATH REG. NO.	68-	8932
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BIRTH NO.		MILD	ICAL	- L/	AMIIAEKO	LIXIII	CAIL	. 01	DLAII	REG.	NO	0	000	-
1. NAME OF DE	CEASED					2. DATE	Known		Month	Doy	,	Yeor	Hour	
(Type or Print) CHARLES R. DORSEY						OF DEATH	Estimo	oted	August	: 22,	1968			М.
4. PLACE IN BA	ALTIMORE, MA	RYLAND, W	HERE PI	RONO	UNCED DEAD	3. DATE			Month	Day	,	Year	Hour	
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Male	Negro)	WIDOV	WED _	DIVORCED		Balti	more			YES A	1000	40V	1
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	LEADING TO				(A)IMMEDIATE C	AUSE								
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	OR CONDITION		GIVING		(B) DUE TO, OR	AS A CONS	FOLIENCE (OF:						
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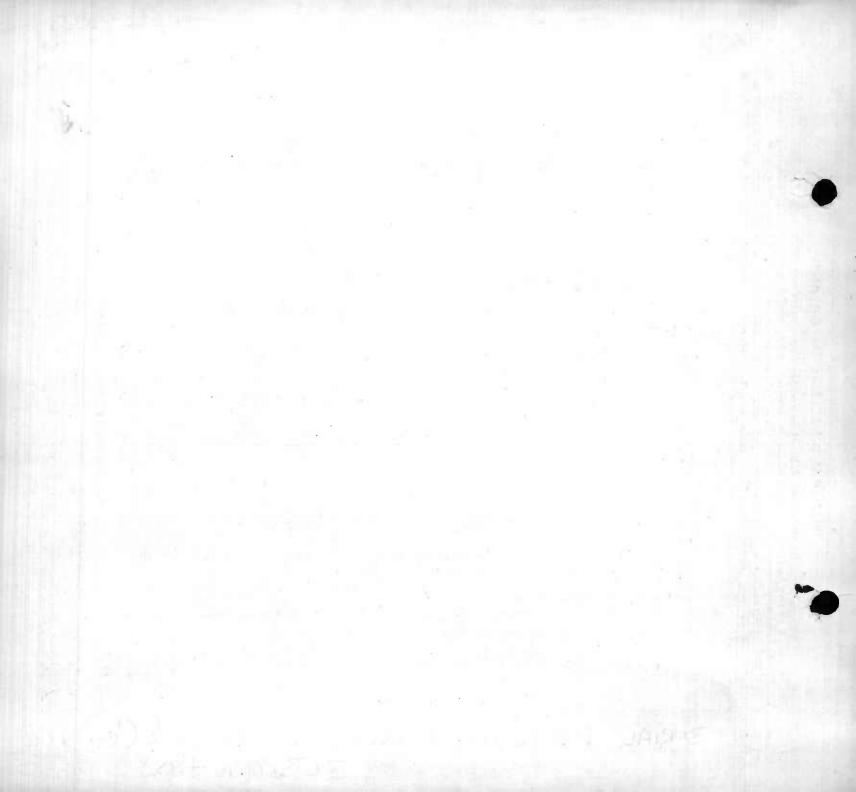
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68-8934 BALTIMORE CITY HEALTH DEPARTMENT

PACE IN BAITIMORE, MARY LAND, WHERE PRONOUNCED DEAD Month Control Month	I. NAME OF DECEASED Type or Print) LEROY MILLER 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FOOT OF Conway Street off Light Street 6. SEX 7. RACE Male Negro WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED Baltimore PRONOUNCED DEAD Manth Day Year Haur PRONOUNCED DEAD August 21, 1968 3:55 S. USUAL RESIDENCE (Where deceased lived. If institution: residence before admis B. COUNTY Baltimore P. DATE OF BIRTH DOY Year Haur PRONOUNCED DEAD August 21, 1968 3:55 S. USUAL RESIDENCE (Where deceased lived. If institution: residence before admis B. COUNTY Baltimore P. DATE OF BIRTH DOY WIDOWED DIVORCED	
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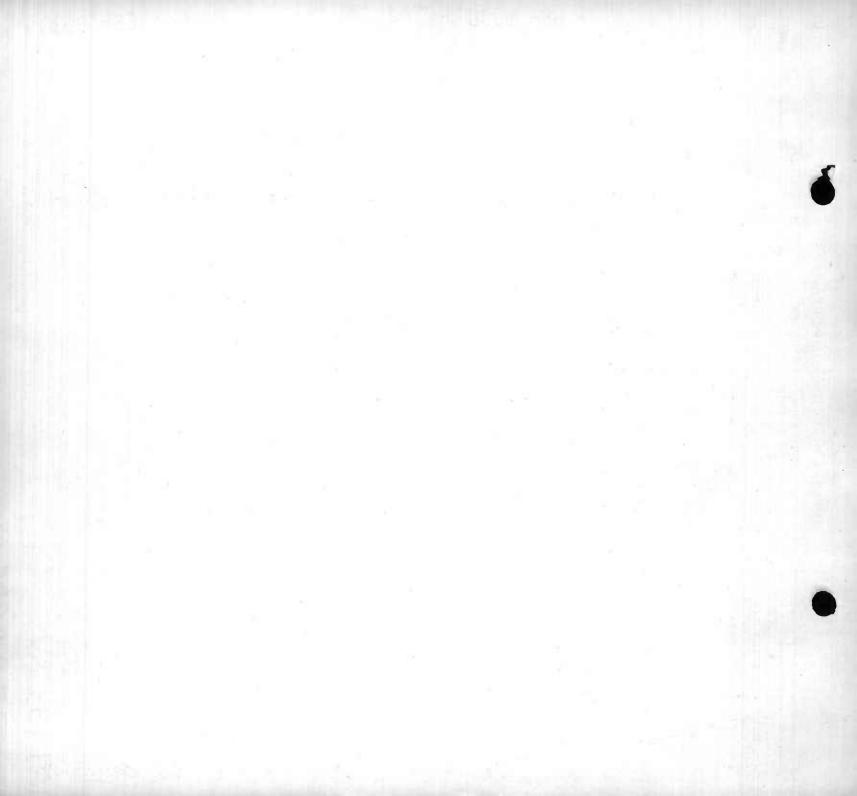
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6.	SEX	7. RACE	B. MARRIED	NEVER MARRIED	C. CITY OR	TOWN	1	D. INSID	E CITY LIMITS?	- State of the last	
	Male	Negro	WIDOWED	¬ —		Baltimore		and a	YES X	New Marie	R.
9.,	DATE OF BIRTH	10.AGE (In years If U	nder 1 Yr. If Under 24 Hrs.		ND NUMBER	111		123 82	4	_
	ulu	18-17 lost birthd		hs Doys Hours Min.	nci	70 W/5=	1 2/2	141	MATIN	+015	
n	BIRTHPLACE(SI	tote or foreign country)		ITIZEN OF	13. FATHER'	S NAME	1700	01	in con	VUC	
	200	11124		VHAT COUNTRY?	Pe	The	D.		00		
114	JEUN OCCU	404	JUAN VINID OF	SUCINESS OF INITIESTRY	115 MOZNET	S MAIDEN NA	Dur	ree			
doi	e dulha postoi w	orking life even if retired)	NIND OF	BUSINESS OR INDUSTRY	1	J MAIDEN INA	""		-1		
	Jab.	0750			YL	see	700	100	10		
16. (Y∈	s, no or unknown)	D EVER IN U.S. ARME (If yes, give wor or dates	D FORCES?	17. SOCIAL SECURITY NO.	18. INFORM	ANT Q	11	- 0	ADDRESS		
	year	W.W. 77	-	213-01-036	8 611	en Han	lette	2)	stet.		
	18.41	2.21		CAUSE OF DEAT	тн ar	id				APPROXIMATE INTER	
	DISEASE	OR CONDITION DIR	ECTIV	Hyperter	nsive/a	rterioscl	erotic				
		EADING TO DEATH		(A)IMMEDIATE C		ardiovasc		50256			
		ot mean the made of d			AS A CONSEQ		MAGE GE	36456			
		osthenio, etc. It meons th plicotion which coused de									
		TECEDENT CAUSES		DUE TO, OR	AS A CONSEC	UENCE OF					
	RISE TO THE	ABOVE CAUSE (A) STA	ATING THE	DUE 10, OK 1	AS A CONSEC	OENCE OF:					
z	UNDERLYIN	G CONDITION LAST.		(C)							
CERTIFICATION	4433	/ II									_
۲ ک	OTHER SIGN	FICANT CONDITIONS C TH BUT NOT RELATED TO	ONTRIBUTING								
三	DISEASE OR	CONDITION GIVEN IN I	PART I (A).								
E	20A. DATE OF	OPERATION 208. CO	NDITION FOR	WHICH OPERATION WA	AS PERFORM	ED			21. AUT	OPSY? (Yes or N	0)
	2									Yes	
MEDICAL		NAL CAUSE WAS		PLACE OF INJURY (e.g.,			(If in Boltimore	Clty, give	e exoct locotion)		
ă		□OR CONTRIB- JSE OF DEATH.	home	, farm, foctory, street, office	e bldg., etc.) If	JUKY OCCUR?					
Z	22D. TIME (Month) (Doy) (Yes	or) (Hour) 2	ZE.INJURY OCCURRED	2	F. HOW DID IN	JURY OCCUR	?			
	(APPROX.)			HILE AT NOT	WHILE						
	23.		m. V	ORK AT W	ORK L						
		fy that I held on	Inquiry 🗌	Inspection Au	topsy X	ond that on t	his hosis d	eath In	my opinlan		
			T ** /								
	result	ed from: Notural co	uses A	ccident L Suicid			Undetermine	ed monn	er 🔲		
	ACTUAL	(%)	/ / `		-	CHIEF MEDICAL		╡		DATE SIGNED	
	SIGNATU	RE MAN	7.0	M.D	ASSIS	STANT MEDICAL	EXAMINER [ŽI			
	EXAMINE		S. Spri	ngate, M.D.	ASSO	CIATE MEDICAL I	EXAMINER L		August	29, 196	8
_	NAME (T)						LOCATION	4.			
	A. BURIAL CREN MOVAL (Specify		10 24	C. NAME of CEMETERY	or CREMAJO	RY 24D.	LOCATION	(City,	town, or county	(Stote)	0
	BUHIA	9-2	-108/	Touto Ma	Leann	81 8	SAVIA			mo	
25	A. DATE REC'D I	BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. F	UNERAL DIRECT	OR		ADDRESS	0	
				. 4 7 4	K	2. lm nu	C	1.	n. Den	Stort	-01
		SEP 3 196	8100	17 & Stakent	A VIC	4/12/10) (INC	cerce	001/6	/ Kealo	101
	151-REV. 1/1/6B									1	

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- 200	EX= XU7E	DIFFICATE OF DEATH REG. NO. 68-8920
P. 6 6 7 9		RTIFICATE OF DEATH REG. NO. 58 8936
an th th	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
- de d	(Type or Pant) Ella G-FOSS	8/29/18 13 A M.
the Det	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DE	AD 4. USUAL RESIDENCE (Whose deceased lived. If institution: residence before admission) A. STATE B. GOUNTY
sp nce ed	SHIP NAME OF THE NOT IN HOSPITAL OF INSTITUTION CO.	1 10 1 2 11 5 2
da (S)	HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN DAINSIDE CITY LIMITS?
Se Se		Baltimore NES D NOT
in a du	09	E. STREET AND NUMBER
d din	4681	652 Dover Street
- 3 0 E E		MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
Trigge See See		IVORCED 12/22/09 58
	10A. USUAL OCCUPATION (Gived kind of work 10B. KIND OF BUSINESS	OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
in de		M Lud USA
		14. MOTHER'S MAIDEN NAME
tw (†)	Tolar C	
## ## ### ### ### ####################	John Jamuel	LILY WAFA
al al		RITY NO.
sis th ki de de fin		Alice Blake 652 DOVER ST.
as da da	18./74 X CAU	JSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
his fan d	DISEASE OR CONDITION DIRECTLY	0
Als	(A)	IMMEDIATE CAUSE neumoned 12 alings
	heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS A CONSEQUENCE OF:
E: 7 0 00 0	(B).	Ross as Diration
X X X	Distribus on contentions, in any, giving	DUE TO, OR AS A CONSEQUENCE OF:
1 (3 e	UNDERLYING CONDITION lost. (C)	debilatation 2 Grosst Ca
lical ns; ici	_ /70 X II	
000	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
y my	▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A AUGORAWA (V M) 20B JE WES SURDINGS CONSIDERED
a od od	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
B (B + + + + + + + + + + + + + + + + +	U 21A, ACCIDENT WAS UNDERLYING 21B, PLACE OF	FINJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exect location)
	OR CONTRIBUTING CAUSE OF home, form, for	ictory, street, office bldg., tNJURY OCCUR?
N S S S S S S S S S S S S S S S S S S S	U	205 HOW DID INTURY OCCUR.
d b psp psp (6)	S OF INJURY	Not White
n n n n n n n n n n n n n n n n n n n	(APPROX.) Work	Al Work
ny ex an	22. I certify that (t) (this hospital) attended the deceas	sed from 7/14/68 19 to 8/24/68 19 ,
000000	that (1) (we) lost saw the deceased alive on	S/C & 19 and that in(my) (our) opinian deoth occurred on the date
d the	ond hour ond fram the causes stoted abave. (1) (We) (di	dy (did not) view the body ofter deoth.
st l ase en en en de de	23A. SIGNATURE	23B. DATE SIGNED
3 9 5 6 6	Delland Llung III 1	N DEGREE Phys. Attending Director Director Phys. 9
L = 0 . L	23C. PHYSICIAN'S	23D. ADDRESS
An al	DoWitt EKemp	EMD 3602 holax Kd 12/20 Ml
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CE	METERY of CREMATORY 24D. LOCATION (City, fown, or county) (State)
cert body ws: (p.0 b.0 ease	Buriel 9-3-68 Mt.	Pulying, Baltimore, Mel.
Te Kb	Direct 1 - 00 1-1.	www.
VI 41 0 VI U.S	25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTR	AR 25C. FUNERAL DIRECTOR ADDRESS
This of the bashow was deceded	The state of the s	AR 25C. FUNERAL DIRECTOR ADDRESS
	tificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital any was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decease 5.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Sucapproval must be obtained before the remains are embalmed or final disposition is made.	BIRTH NO. 1. NAME OF DECEASED (Type or Print) 3. PLACE IN SALTIMORE, MARYLAND, WHERE PRONOUNCED DE FULL NAME OF ADDRESS OR LOCATION) 1. NAME OF ADDRESS OR LOCATION, INSTITUTION, GIVEN FULL NAME OF ADDRESS OR LOCATION 1. NAME OF ADDRESS OR LOCATION



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68-8937 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE OF	DEATH	6	8
MEDICAL	EVAMILLER 2	CERTIFICATE OF	DEATH PEG NO		Ī

MEDICAL EXAMINER'S (CERTIFICATE OF DEATH REG. NO. 68	3-8937
1. NAME OF DECEASED	2. DATE Known K Month Doy Ye	or Hour
(Type or Print)	OF DEATH Estimoted 8 30 68	7:00 а м.
HARRY P. STEMMER 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	D 30 00	Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD	7 00
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	August 30 19 5. USUAL RESIDENCE (Where deceased lived. If institution: reside	068 7:00 a M.
	A. STATE B. COUNTY	med botter damistion,
6. SEX 7. RACE B. MARRIED TO ALEXER MARRIED	Maryland D. INSIDE CITY LIM	ITC2
MARKIED & NEVER MARKIED	C. CITY OR TOWN	list
Male white WIDOWED DIVORCED	Balto. YES	NOV
9. DATE OF BIRTH 3/17/109 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Doys I Hours I Min.	E. STREET AND NUMBER	
21.11	345 S. Bouldin St.	
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
manytana USA	Adam Stemmer	
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR' done during most of working life, even if retired)	Y 15. MOTHER'S MAIDEN NAME	with the first
Heater, Coke Oven Bethlehem Steel	Anna Bremer	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (if yes, give wor or dates of service) 17. SOCIAL SECURITY NO.	1B. INFORMANT ADDRESS	St.
ues W 2 213-07-7954	5 Mas Augusta M. Stemmen 345 S	Bouldin
CAUSE OF DEA	TH JAPANIA JAPANIA JAPANIA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arterio	osclerotic cardiovascular disease	BETWEEN ONSET AND DEATH
LEADING TO DEATH		
(This does not mean the mode of dying, e.g.,	CAUSE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
	-l-4 11.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING (B) DUE TO, OR	Abetes mellitus AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
C)	**************************************	
= 260 X II		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.		
DISEASE OR CONDITION GIVEN IN PART 1 (A).	40.000	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21. A	UTOPSY? (Yes or No)
		YES
UNDERLYING OR CONTRIB. home, form, foctory, street, office	, in or about 22C. WHERE DID (If in Baltimore City, give exact locatice bldg., etc.) INJURY OCCUR?	on)
UTING CAUSE OF DEATH.		
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
m. WORK AT W	WHILE WORK	
23.		
	ond that on this bosis, death in my apinio	on
resulted frame Natural courses XX Accident Suicio	de Hamicide Undetermined manner	
	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE M.E.	ASSISTANT MEDICAL EXAMINER XX	DAIL SIONED
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	
NAME (Type) Edward F. Wilson, M.D.	August	30, 1968
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	ar CREMATORY 24D. LOCATION (City, town, or co	unty) (State)
	Baltiman 111	
Burial 9/3/68 Parkupad Co	emetery Daltimore, "anylar Parties Property Applications and Parties Property Proper	na S
CED 6 4001 A - C 7 C		
SEP 3 1968 Nichelo E. tarbey	John A. Moran, Inc. 3000 E.	Bultimores
VS 151-REV. 1/1/6B	0 0 0	

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	68- 8078	TIMORE CITY HEALTH DEPARTMENT
PIDT	H NO.	RTIFICATE OF DEATH
	AME OF DECEASED	2, DATE, AND HOUR OF DEATH
(Тур	PINGGOLD BERNAD	7.50
3. P	LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEA	AD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before ad
		A. STATE B. COUNTY
FUL	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE ADDRESS OR LOCATION)	E STREET MARYLAND BAITIMERE
INST	SPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN TOWSON YES NO
4		THE RESIDENCE OF THE PARTY OF T
14	INION MEMORIAL HOS	17 Hilltop AVENUE
S. SE	X 6. RACE 7. MARRIED NEVER I	
	- MARKIED NEVER	Months Doys Hours
10A	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS	
	duri Galie Sphia lie, even if retired)	
	HOUSE wife	MARYLAND
13. F	ATHER'S NAME	14. MOTHER'S MAIDEN NAME
	JAMES DONOHUE	ANNIE GOSSMAN
15. V	Vas Deceased Ever in U. S. Armed Forces? 1 6. SOCIAL	L 17. INFORMANT ADDRESS
(Yes,		ANNIE GOSSMAN 17. INFORMANT ADDRESS 17. 1834] Mrs. J. BEN Coster 607 MARK
		07 8341 Mrs. J. BEN Coster 607 MARIA
	77-3617 830,7	ISE OF DEATH APPROXIMATE IN BETWEEN ONSET A
	DISEASE OF CONDITION DIRECTLY	1
	LEADING TO DEATH	IMMEDIATE CAUSE HEART FAILURE
		DUETO, OR AS A CONSEQUENCE OF:
	injury ar camplication which coused death.)	
	ANTECEDENT CAUSES	CVA - Miocardiac Infertional
	DISEASES OR CONDITIONS, if ony, giving	DUE TO, OR AS A CONSEQUENCE OF:
	rise to the above cause (A) stoting the	7)
	UNDERLYING CONDITION lost, (C)	- V
2	331X II	2 1 - 10 11.1
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	Diabetes Mellitus
A	DISEASE OR CONDITION GIVEN IN PART 1 (A).	ERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
TIFIC	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
- V	21A. ACCIDENT WAS UNDERLYING 1218. PLACE OF	INJURY (e.g., in or obout 21 C. WHERE DID (If In Boltimore City, give exect location)
AL C	OR CONTRIBUTING CAUSE OF home, form, foc	ctory, street, office bldg., INJURY OCCUR?
U	The state of the s	
ED	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OF	CCURRED 21F. HOW DID INJURY OCCUR?
>	(APPROX.) While At	Not While At Work
-		1.0
1	22. I certify that (I) (this haspital) attended the decease	130 10
	that (I) (we) last saw the deceased alive an	-
1	and haur and fram the causes stated above. (1) (We) (did	
1		23 B, DATE, SIGNED
1	3A. SIGNATURE	
1	Dearso Muse	Attending Med. Shaff & 8/29/68
2	Acardo Murs	
2	Acado Mura Para Physician's NAME (Type)	Attending Med. Stoff Phys. Phys. Stoff Phys. Phy
2	Picardo) Mori Ricardo Mori	Attending Med. Director Staff S 8/29/68 23D. ADDRESS M. D. DEGREE UNION NEMORIA C Hossis
2	PICAMO MORI BURIAL CREMATION, 24B. DATE 24C. NAME OF CEN REMOVAL (Specify)	DEGREE Phys. Attending Med. Director Staff Phys. 8/29/68 23D. ADDRESS M. D. CINION NEMORIA - Hospin
2	BURIAL CREMATION, 24B. DATE 24C. NAME of CEAR PORTING PRINCIPLE 24C. NAME of CEAR REMOVAL (Specify) 24B. 24C. NAME of CEAR REMOVAL (Specify) 8/31/68 St. Ma	Attending Med. Director Stoff S 8/29/68 23D. ADDRESS M. D. DEGREE WETERY OF CREMATORY 24D. LOCATION (City, town, or county) Attending Med. Stoff S 8/29/68 8/29/68
2	BURIAL CREMATION, 24B. DATE 24C. NAME OF CEAR REMOVAL (Specify) 8/31/68 St. Ma DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRA	Attending Med. Director Stoff S 8/29/68 23D. ADDRESS M. D. DEGREE WETERY OF CREMATORY 24D. LOCATION (City, town, or county) Attending Med. Stoff Phys. S 8/29/68 8/29/68 8/29/68
2	BURIAL CREMATION, 24B. DATE 24C. NAME of CEN REMOYAL Specify 8/31/68 St. Ma	Attending Med. Director Shoff 8/29/68 23D. ADDRESS Phys. 8/29/68 23D. ADDRESS N. D. UNION NEMORIA Hossis METERY OF CREMATORY 24D. LOCATION (City, town, or county)
24A. 25A.	BURIAL CREMATION, 24B. DATE 24C. NAME OF CEAR REMOVAL (Specify) 8/31/68 St. Ma DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRA	Attending Med. Director Shoff S 8/29/6 23D. ADDRESS M. D. DEGREE WITH A STATE OF CHAPTER OF COUNTY METERY OF CREMATORY 24D. LOCATION (City, town, or county) Arrys Cemetery Baltimore

44-42-45 40016 w. ja JAMES DONOLES PANE CE SHIP Mrs. I then lead to HERET PRICE PASH CVB - Morrose Topologia Dear tes 47 11 8/29 15 x 8/29/28 There are the second of the se Constitution of the said Lieux.

VS 150-REV. 1/1/6B



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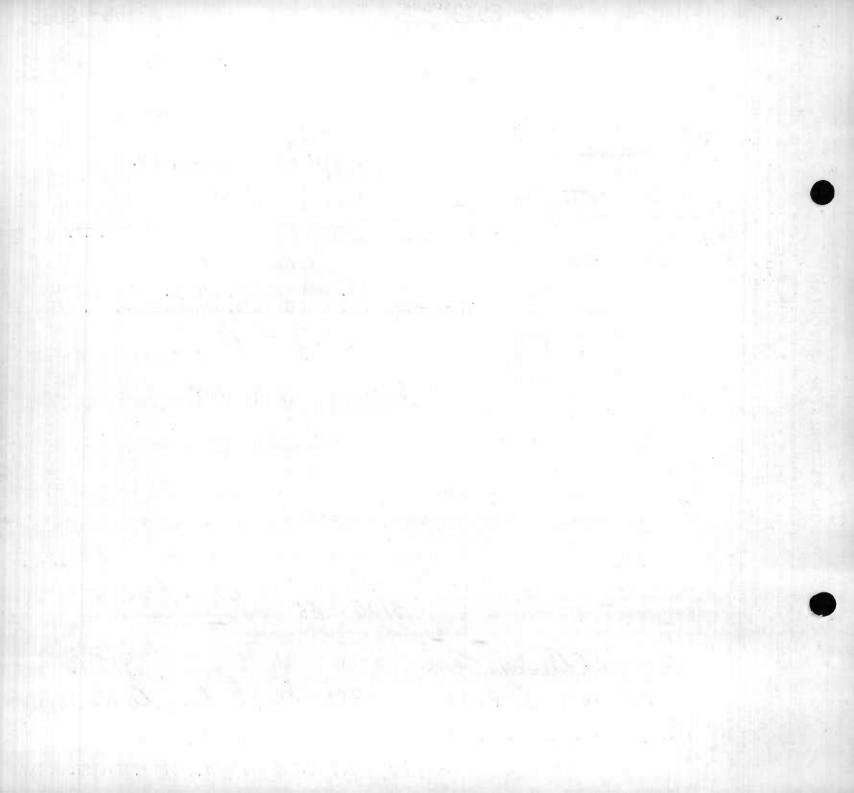
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VS 150-REV. 1/1/68

		00	00.4	BALTIMORE CITY	HEALTH DEPARTMENT	100	68- 8911
DIRT	LNG	68	- 894	1 CERTIFICA	TE OF DEATH	REG NO.	00 0341
	H NO.					ND HOUR OF DEATH	24
Туре	or Print)	Dm (loongo F	rnest Wolf		8- 27-1968	720 0
3. PL	ACE IN BAL	TIMORE MARYLAND, W			4. USUAL RESIDENCE (Wh	ere deceased lived. If in	stitution: residence before oranission)
ELLL	L NAME OF	HE NOT IN HOSPIT	AL OD INISTIT	UTION, GIVE STREET	Md.	B. It	Pa 53-00
HOS	PITAL OR	ADDRESS OR LOCA	ALON)	OTION, GIVE STREET	C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
	0 0				Baltimore M	d.	YES NO 🔀
	90	B 2			E. STREET AND NUMBER		\
		Belair Nursi				sle Avenue 2	
. SE	X	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	tf Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	lale	Cau.	WIDOWED		6-27-1895	73	
		UPATION (Give kind of work working life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE State or for	eign country)	12, CITIZEN OF WHAT COUNTRY
2	el fenn	loved	DIPART	harmaeist	Baltimore, M	d.	U.S.A.
3. F	el fenn	ME		3100 3100 250	14. MOTHER'S MAIDEN NA	IME /	
		Hanne W-7.5				Mary Fishe	00
5. W	os Deceosed	Henry Wolf Ever in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	mary Fishe	ADDRESS
. 63,	Yes	W.W.T.	3 01 36141667		26 0 12	- 0206 Cam	21236
1	B. / / //	W W L		218-32-3608 CAUSE OF DEAT	M.Catherine W	11. 3200 oar	APPROXIMATE INTERVAL
	DISEAS	SE OR CONDITION DI	DECTI V		D		BETWEEN ONSET AND DEATH
	DISEA	LEADING TO DEATH	KECILI		atte	0. 0- (6)	idio undel.
	(This does r	nat mean the made of	dvina ea	(A) IMMEDIATE CAL		ava a	care unitare.
	heart failure,	asthenia, etc. II means	the disease,		A CONSEQUENCE OF:		
	injury ar can	nplication which caused	death.)		10.	2 1-0	
		ANTECEDENT CAUSES		(B) Vascula	a stream i c	Rosle Down	ffeed
		OR CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF:	/	
		e abave cause (A) G CONDITION last,	stating the	(c) Ety	per tension		
-	11112	v 1I		/	V		
Z 0		CANT CONDITIONS CO		10/0. G. 2	osler Op Shal	4-4	21.mes
		TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR		rungus /	osen proces	nicu.	9,7
2 1		OPERATION 198. CON	DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or h	IN CERTIFYING CA	FINDINGS CONSIDERED
ERTIFIC		WAS PER	TORMED			IN CERTIFIED CA	OSES OF BEATH:
Ü 2	A ACCIDE	NT WAS UNDERLYING UTING CAUSE OF	21B	PLACE OF INJURY (e.g., i	fice bldg., INJURY OCCUR?	(If in Boltimo	re City, give exact location)
AL	DEATH Inotity	medical examiner	etc.		neo siago, irrodir o e e e k.		
0 2	1D. TIME	(Month) (Doy) (Year)	(Hour) 21 E	. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
>	APPROX.)			ile At Not Whil	е		
-			Wo				2= /-
		that (1) (this hospital				19to	-27-68 19
Ť	hot (I) (we)	lost sow the decease	d olive on		19 68 ond 1	hot in (my) (our) opi	inion death occurred on the dat
0	and hour on	d from the causes sto	red obove. (1) (We) (dtd) (did not) v	iew the body after deoth		
2	3A. SIGNATA	TRE	.10	1			23B. DATE SIGNED
	(soly C.	H	e MD Atte	nding Med.	Staff Phys.	8-30-68.
2	3C. PHYSICIA		0.	1 Prokee	23D. ADDRESS		- A-
	NAME (101+11 C	. Hy	le MD	7527 13.6	an Red 1	Ballo 21231 me
24A.	BURIAL CRE	MATION, 24B. DATE	24C. N.	AME of CEMETERY OF CR	MATORY 24D.	LOCATION IC	ity, lown, or county) (Stote)
	REMOVAL	Specify)					
25.4	Buria	8-31-19 BY HEALTH DEPT.	968 Par	ckwood Cemeter	25C. FUNERAL DIRECTO	altimore Co	27 23 CADDRESS
ZJA.		EP 3 1968	DO DO	& starbeum			-1-70
	-	FI 0 1000	APPRICE		passann, Fun	eral Home 74	Ol Belair Roa

VS 150-REV, 1/1/68



the body was released shows: 3

68- 8943 68-8943 REG. NO. 4. USUAL RESIDENCE (Where deceosed lived, if institution: residence A. STATE

B. COUNTY TNSTDE CITY LIMITS YES X NO If Under 1 Yr. Manths! Days If Under 24 Hrs. Hours : Min. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS 212-30-4522 ST. AGNES HOSPITAL RECORDS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH VASCULAR ACCIDENT 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exact location) 19 68 to AUGUST 29and that in(my) (aur) apinian death accurred an the date 23B. DATE SIGNED 08 29 68 HOSPITAL-CATON & (City, town, or county) COUNTY, MARYLAND 1968 WALTERS FUNERAL HOME PRATT&STRICKER STS. VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

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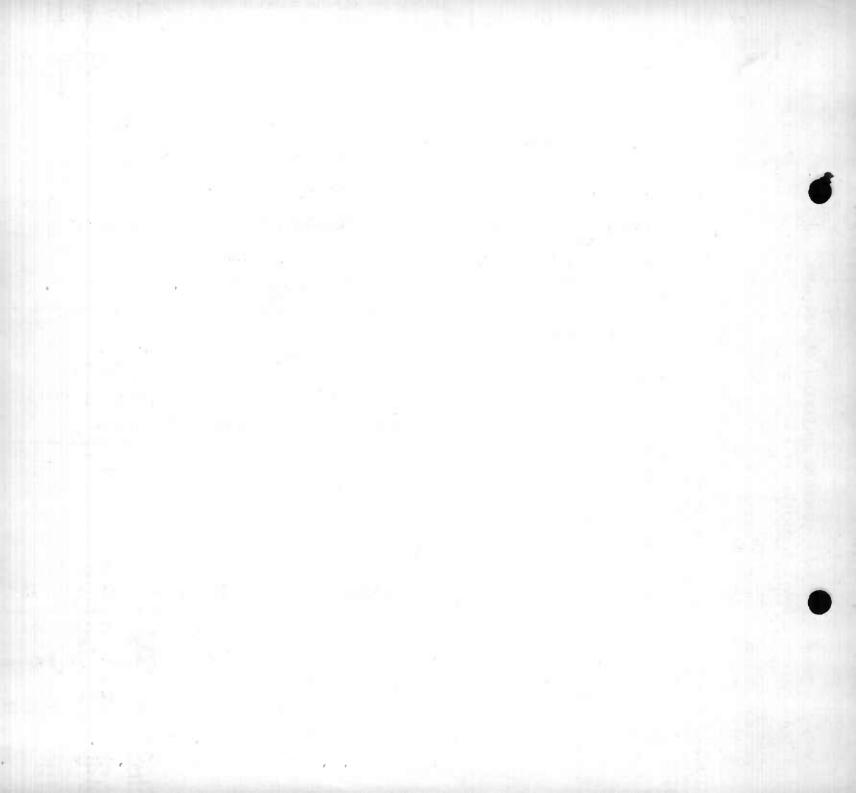
ST BENES HOSPITAL-PATINGS THE THIRD

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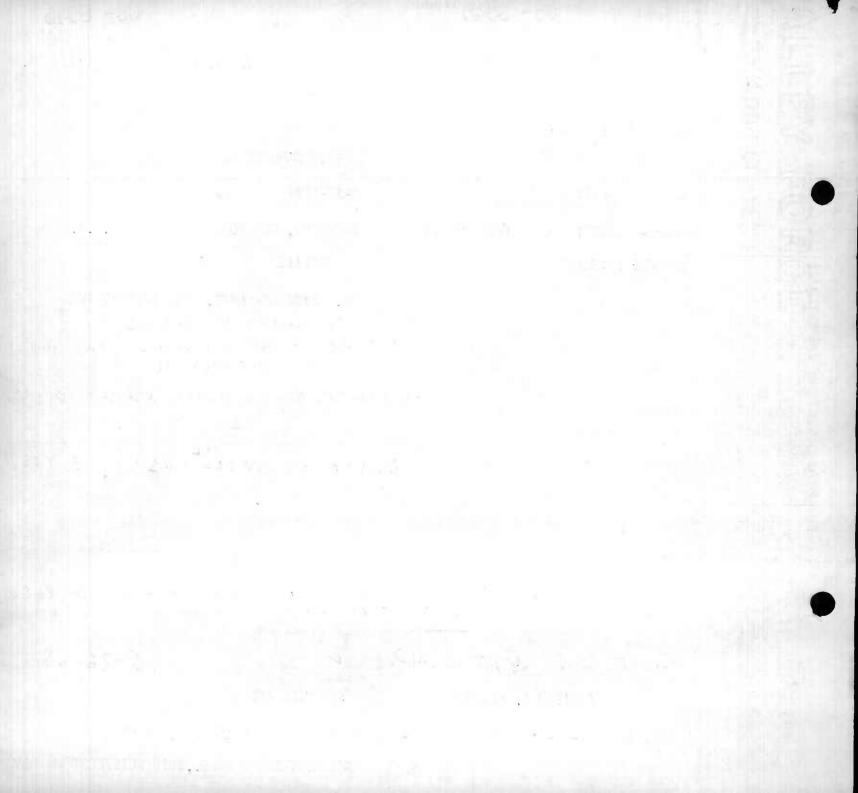
VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



FUNERAL DIRECTOR: IMPORTANT

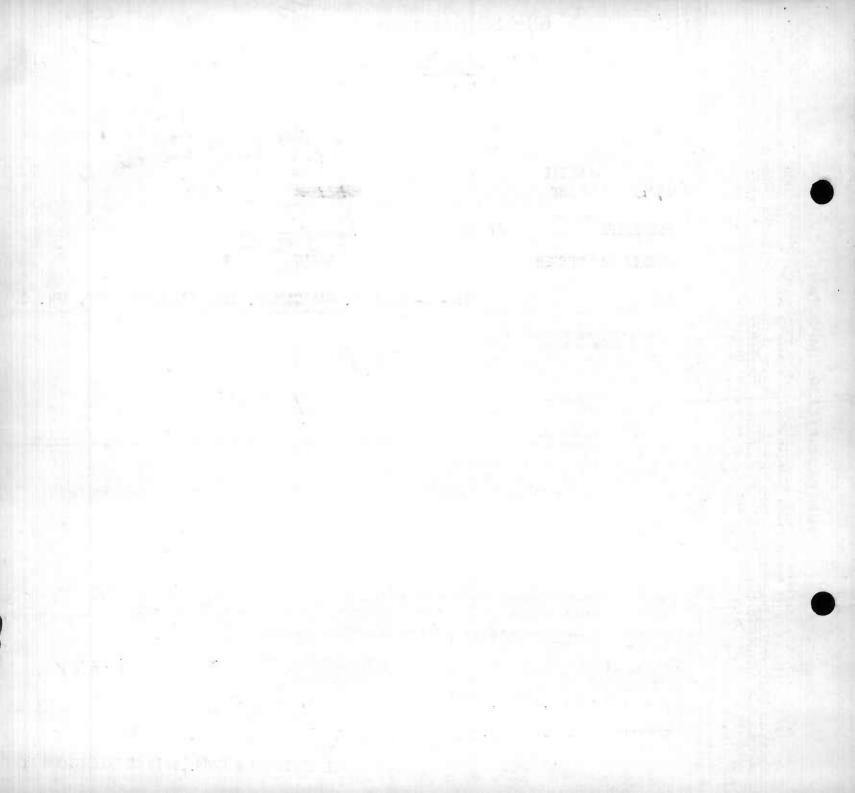
68-8945 BALTIMORE CIT	TY HEALTH DEPARTMENT PEG NO 68- 8945				
CERTIFICA	ATE OF DEATH REG. NO. 00- 8945				
BIRTH NO.	2. DATE AND HOUR OF DEATH				
Type or Print) GEORGE HORSHOFF					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	AUGUST 26, 1968 9:12 A				
S. PLACE IN BALLIMORS MARILAND, WHERE PRONOUNCED DEAD	A, STATE B, COUNTY				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND BULLOS, 5				
NSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?				
MARYLAND GENERAL HOSPITAL	BALTIMORE YES NO L				
40	9220 SAMOSET ROAD				
SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr If Under 24 I				
MARKIED X NEVER MARKIED	lost bittadoyi				
MALE WHITE WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED	, 50 10,1				
fone during most of working life, even if retired)					
MANAGER - AUDITOR FOOD MARKET	BROOKLYN, NEW YORK U.S.A.				
3, FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
ISADORE HORSHOFF	GISELLE ?				
S. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS				
NO	MRS. BESSE HORSHOFF, 9220 SAMOSET ROAD				
18. A CAUSE OF DEA	ADDROVIA ATE (ALTERY				
410.9 4 83 247	CORONARY THROMBOSIS BETWEEN ONSET AND DE				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	THE ACUTE MYOCARDIAL ONE HOU				
(This does not mean the mode of dying, e.g.,					
mean tander, administration in means and account,	SACONSEQUENCE OF: IN FARCTION				
injury or complication which coused death.)					
ANTECEDENT CAUSES	RIOSCLEROTIC HEART DISEASE 10 YM				
	AS A CONSEQUENCE OF:				
rise to the above couse (A) stating the UNDERLYING CONDITION lost. (C)					
(~/					
other significant conditions contributing	IABETES MELLITUS 5 YRS				
F TO THE DESCRIPTION OF THE PERSON OF THE PE	ABELLO MESTICOS SIN				
DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED				
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?				
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.	, in or obout 21C. WHERE DID (If in Boltimare City, give exact location) office bldg., INJURY OCCUR?				
DEATH (notify medical examiner) etc.)	onice olugi, industr occur:				
O 21D-TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?				
OF INJURY					
(APPROX.) Work L At Wor	rk 📙				
22. I certify that (I) (*his hospital) attended the deceased fram	MARCH 21 1947 10 AUGUST 26 1968				
	21 1968 and that in(my) (our) apinian deoth accurred an the				
and hour ond fram the causes stoted above. (1) (We) (dtd) (did not)	23B, DATE SIGNED				
ESONI STOTEM TORK					
1 Post 1 Post MADIA	Attending D Med. Staff				
Cartling he Degree Pt	hys. Director Phys. D				
23C.PHYSICIAN'S	23D. ADDRESS				
23C.PHYSICIAN'S NAME (Type) CARLTON L. SEXTON	23D. ADDRESS 819 PARK AVENUE				
23C.PHYSICIAN'S NAME (Type) CARLTON L. SEXTON DEGREE PH 24A. BURIAL CREMATION, 24B. DATE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C	23D. ADDRESS 819 PARK AVENUE				
23C. PHYSICIAN'S NAME (Type) CARLTON L. SEXTON DEGREE PH 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY of C	23D. ADDRESS 819 PARK AVENUE EEE (City, town, or county) (State				
23C.PHYSICIAN'S CARLTON L. SEXTON CARLTON L. SEXTON DEGREE PH CARLTON L. SEXTON DEGREE PH 24A. BURIAL CREMATION, 24B. DATE BURIAL 8-27-68 MIKRO KODESH-BET	23D. ADDRESS 819 PARK AVENUE EREMATORY 24D. LOCATION (City, town, or county) (State TH ISRAEL BALTIMORE, MARYLAND				
23C. PHYSICIAN'S NAME (Type) CARLTON L. SEXTON CARLTON L. SEXTON DEGREE PH 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) BURIAL 8-27-68 MIKRO KODESH-BET 25B. NAME OF REGISTRAR	23D. ADDRESS 819 PARK AVENUE REMATORY 24D. LOCATION (City, town, or county) (State TH ISRAEL BALTIMORE, MARYLAND 25C. FUNERAL DIRECTOR: ADDRESS				
23C.PHYSICIAN'S NAME (Type) CARLTON L. SEXTON DEGREE PH 23C.PHYSICIAN'S NAME (Type) CARLTON L. SEXTON DEGREE PH 24A. BURIAL CREMATION, 24B. DATE BURIAL 8-27-68 MIKRO KODESH-BET	23D. ADDRESS 819 PARK AVENUE EREMATORY 24D. LOCATION (City, town, or county) (State TH ISRAEL BALTIMORE, MARYLAND				



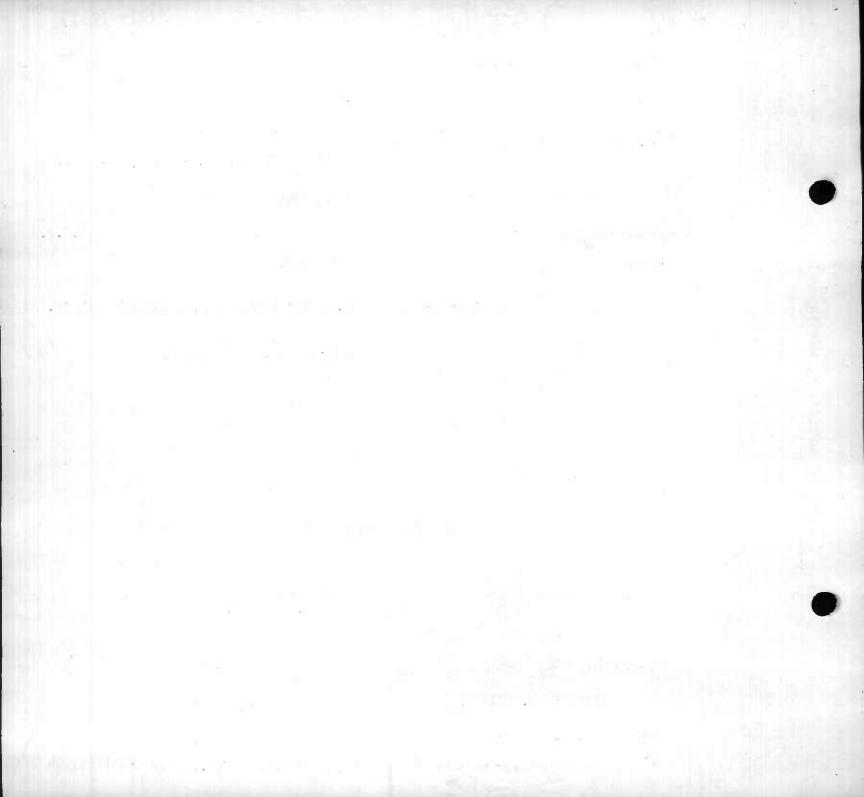
IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/68



A FID		HEALTH DEPARTMENT		CO. 0045
A-510 68-	8947CERTIFICA	TE OF DEATH	REG. NO	68- 8947
IRTH NO.	- V CERTITION		ID HOUR OF DEATH	
Type or Print)		Z. DATE AN	Olac le sa	250
PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (When	o 125 16 8	stitution: residence before odmission)
. FLACE IN BALLIMORE, MARILAND, WHERE PRO	DROUNCED DEAD	A. STATE B. COUN	TY	
ULL NAME OF (IF NOT IN HOSPITAL OR IN	STITUTION, GIVE STREET	MO	7	7-17
OSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	INS	DE CITY LIMITS?
11 11 7	aultinos	BAltimor	2	YES NO
42 Sinai Hospital od	DATRIBOTE	E. STREET AND NUMBER		1
2. \$ 20 minute of carbonness at		5017 000	eens bury	Hue
SEX 6. RACE 7. MARK	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
MALE WHITE WIDOW	VED DIVORCED	1/20/00 95	73	
A. USUAL OCCUPATION (Give kind of work 108, KIN	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF WHAT COUNTRY
ne during most of working tite, even if retired)	T TUDI AUTO	0		II C A
FATHER'S NAME SEL	F EMPLOYED	14. MOTHER'S MAIDEN NAM	ME	U.S.A.
			VIE	
UNKNOWN		UNKNOWN		
. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO	216-32-8956	MRS. EDITH LOWE	NSTETN 673	7 CHISHOLM DR. #7
18. 4 10,9	CAUSE OF DEAT		NOTEIN, 013	APPROXIMATE INTERVAL
DISEASE OF CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
LEADING TO DEATH		m al al	17.5.1.	14/6
(This does not meen the made of dying,	(A) IMMEDIATE CA	A CONSEQUENCE OF:	Infaction	2 / 1000
heart failure, osthenia, elc. It means the dise	ase,	A CONSEQUENCE OF:		
injury ar complication which coused deoth.)				
ANTECEDENT CAUSES	(8)			
DISEASES OR CONDITIONS, if ony, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:		
uise to the above cause (A) stating UNDERLYING CONDITION last.				
UNDERLING CONDITION last.	(C)			
420,1				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO THE TERMINOR DISEASE OR CONDITION GIVEN IN PART 1 (A).				
	***************************************	130A AUTOBOVA (Von or No	200 IE VEG WERE	EINDINGS CONSIDERED
19A. DATE OF OPERATION 198. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED
0			M	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21B. PLACE OF INJURY (e.g., home, lorm, lactory, street, c	office bidg., INJURY OCCUR?	(It in Boltimo	re City, give exoct location)
DEATH (notify medical examiner)	etc.)			
21 D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY	21E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)	While At Not Whi			
(AFFROM)	Work At Work			
22. I certify that (1) (this haspital) attend	ed the deceased from	8/25	19 6 6 to	8/25 19 68
that (I) (we) last saw the deceased olive	on 8/2	5 19 68 ond th	not in (my) (our) api	inion deoth occurred on the dot
and hour and fram the causes stated above			0	
23A. SIGNATURE	a. Office (dia) dia nati	view the body diter deoth.		23B, DATE SIGNED
23A. SIGNATURE	1/ 4	ending Med.	Shell I	23th DAIL SIGNED
STANTON/21	7/4 GALLI SELVER Phi		Staff Phys.	8/25/68
23C.PHYSTCIAN'S		23D. ADDRESS		
STANFORD H. MA	LINOW	5	16. 61	
	C. NAME OF CEMETERY OF CE	REMATORY 24D. L	OCATION (C	ity, town, or county) (Stotel
REMOVAL (Specify)				
	WORKMENS CIRCLE		LTIMORE, MAR	
SA. DATE RECORT HEALTH DEET. 258. NA				
THE A MADE (1411)	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	4 2200 (41	ADDRESS
3EL 9 1900 (1900)	ME OF REGISTRAR	SOL LEVINSON	BROS., 601	O REISTERSTOWN ROA
'S 150-REV. 1/1/68	ME OF REGISTER	SOL LEVINSON	BROS., 601	O REISTERSTOWN ROA



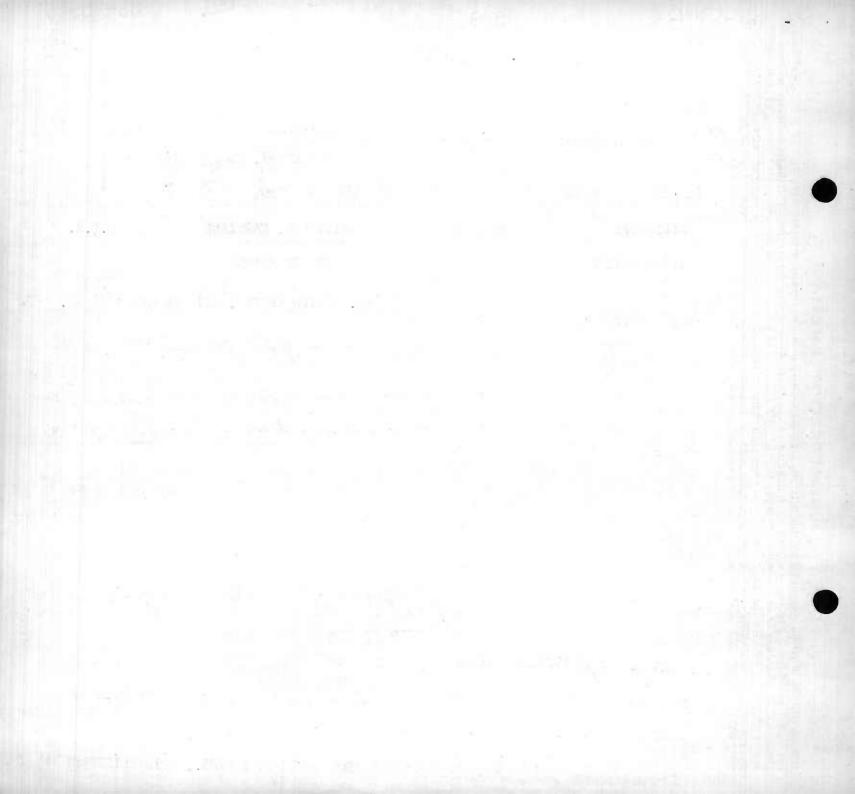
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DIRECTOR:

FUNERAL

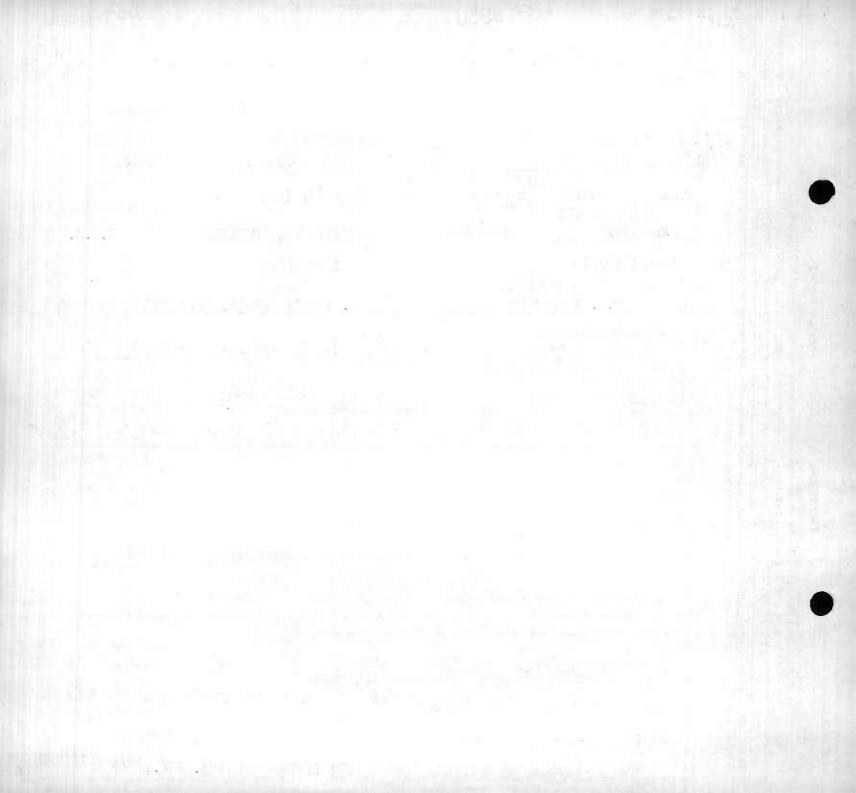
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VS 150-REV, 1/1/6B

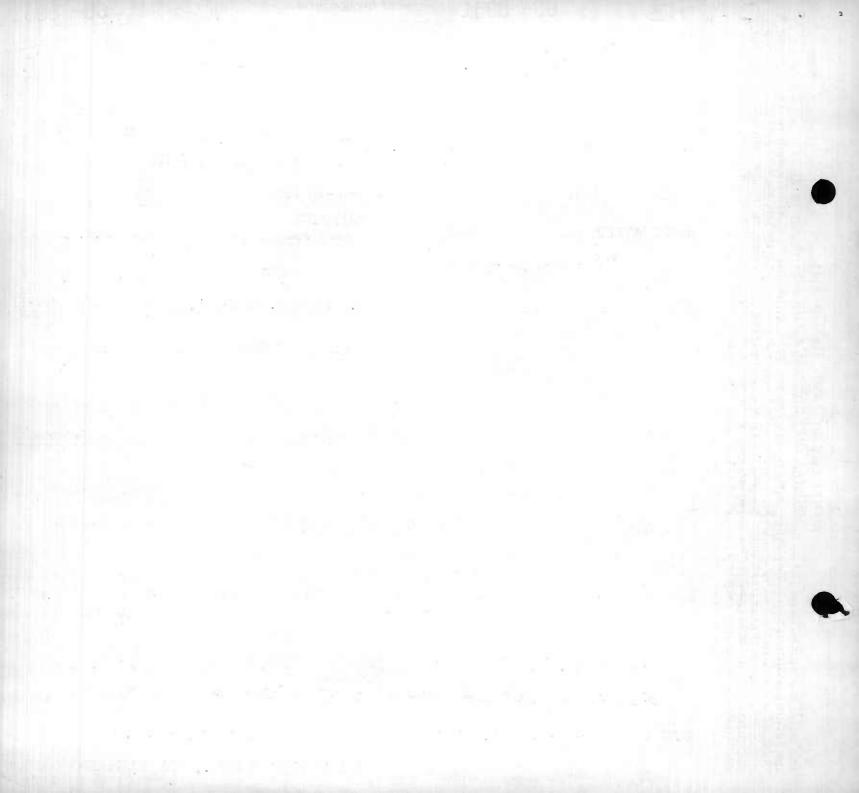


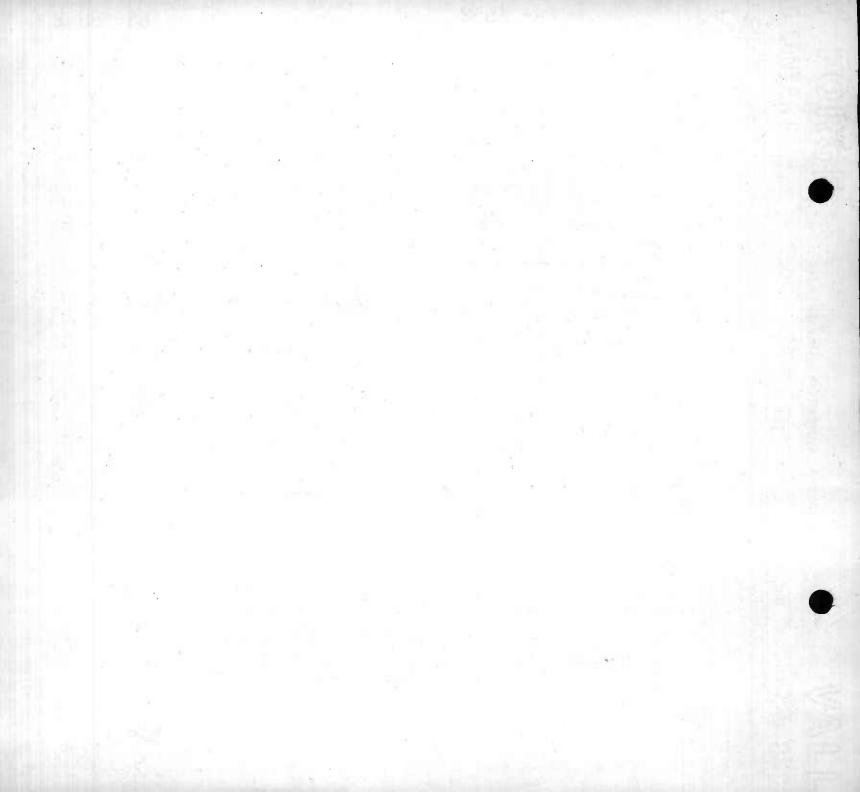
IMPORTANT

FUNERAL DIRECTOR:



BALTIMORE CITY HEALTH DEPARTMENT





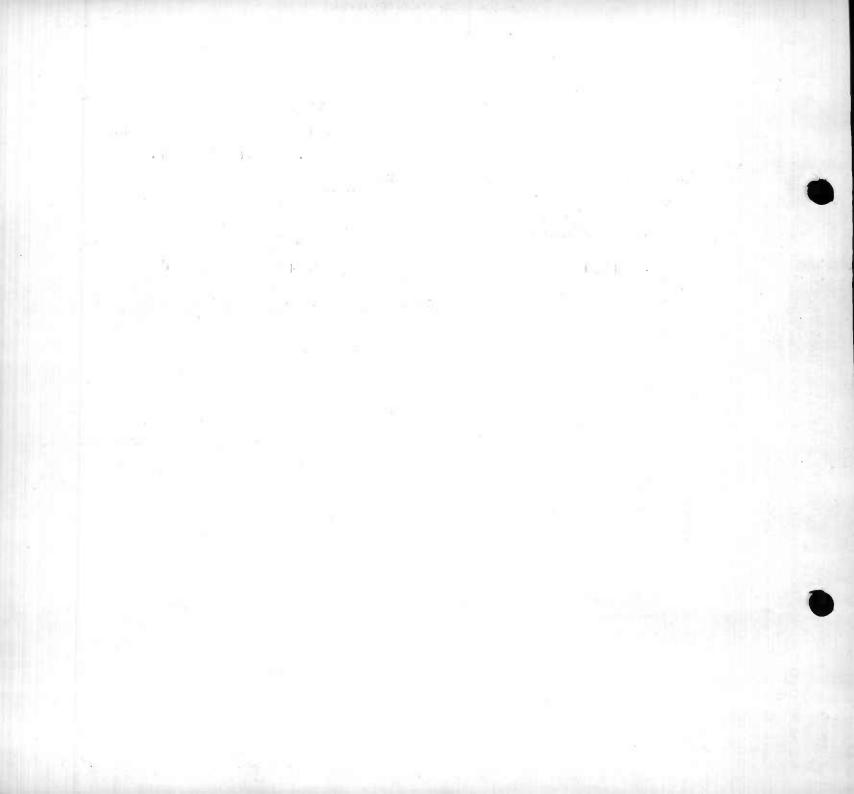
68- 8953 BALTIMORE CITY HEALTH DEPARTMENT

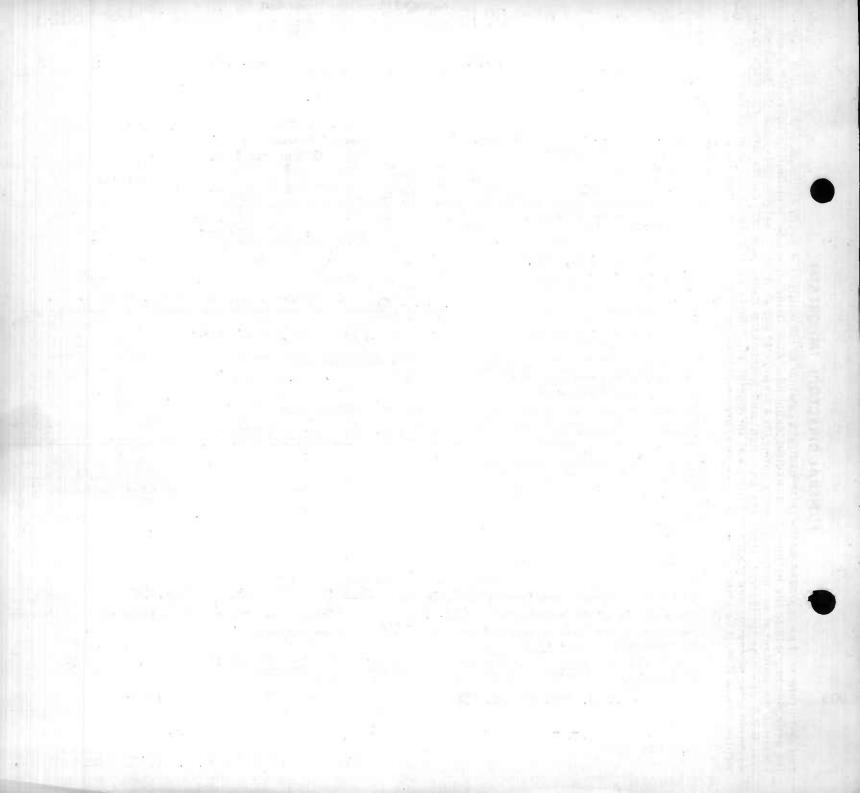
68-8953 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.	REG. NO.
I. NAME OF DECEASED	2. DATE Known Month Day Yeor Hour
JOSEPH VOGEL	OF DEATH Estimated 8 31 68 4.15 p.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE . Manth Doy Year Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD August 31 1968 4.15 p. M. 5. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
00 709 S. Highland Ave.	A. STATE B. COUNTY Maryland
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED DIVORCED OF 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	Dailo
Feb. 3, 1909 last birth Manths Doys Haurs Min.	709 S. Highland Ave.
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?	John Vogel
Baltimore, Maryland 14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	
done during most of working life, even if retired Retired House Painter	Caroline Rethman
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknawn) (If yes, give war or dotes af service) 213-18-2206	Mrs. Hannah Over 3320 Foster Ave.
19. 4 12, 4 1 CAUSE OF DEA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	clerotic cardiovascular disease
LEADING TO DEATH (This does not meen the made of dying, e.g., (A) IMMEDIATE DUE TO, OR	CAUSE AS A CONSEQUENCE OF:
heart failure, asthenia, etc. It meons the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
P 422.) 11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
	No.
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	in or obout 22C. WHERE DID (If in Boltimore City, give exact location) to bldg., etc.)
22D. TIME (Manth) (Day) (Year) (Haur) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
	T WHILE
23.	
I certify that I held an Inquiry Inspection XX A	
resulted fram: Natural causes XX Accident Suici	de Homicide Undetermined manner
SIGNATURE I haved Ullamble	CHIEF MEDICAL EXAMINER DATE SIGNED
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Ronald N. Kornblum, M.	September 1, 1968
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	ar CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 9-4-1968 Sacred Hear	Baltimore County, Maryland
SEP 3 1968 P.S. NAME OF REGISTRAR	25c. FUNERAL DIRECTOR Lilly & Zeiler Inc. 1901-07 Eastern Ave.
VS 151-REV. 1/1/68	0005

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177	BALTIMORE	CITY HEALTH DEPARTMENT
the toch	BIRTH NO. 68-8954 CERTIFI	CATE OF DEATH REG. NO. 68-8954
	(Type or Print) William Clinton	2. DATE AND HOUR OF DEATH 9/2/68 14:30 PM.
	3. PLACE IN BALTIMORE, MARYEAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	D. INSIDE LIMITS?
	33 Johns Hopkins Hosp	BALTIMORE YES XX NO E. STREET AND NUMBER 832 N. WASHINGTON: ST.
	S. SEX 6. RACE 7. MADDIED NEVED MADDIES	
	WIDOWED DIVORCE	3-3-93 Iost birthdoy) Months Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDI	JSTRY 111. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ı	AARON WILLIS	NETTLE HARGROVE
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	30 Amnio Clock 25 22 West Con 20
-	18. CAUSE OF I	
	DISEASE OR CONDITION DIRECTLY	
	LEADING TO DEATH (This does not mean the made of dying, e.g.,	E CAUSE CARDIO - RESPIRATORY AIREST O
	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	A A A CONSEQUENCE OF.
	ANTECEDENT CAUSES	cuere cachexis dindeita
		Chere Cacheris of interta
	rise Ia the abave cause (A) stating the UNDERLYING CONDITION last.	Ercinoma of Lung
	76.3 X II	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
		[20A, AUTOPSY? (Yes or No)] 20B, IF YES, WERE FINDINGS CONSIDERED
	198. CONDITION FOR WHICH OPERATION WAS PERFORMED 218. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY home, form, foctory, streetc.)	(e.g., in or obout 21 C. WHERE DID (If in Baltimore City, give exact lacation) set, office bldg., INJURY OCCUR?
ı	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRE	
ı	OF INJURY (APPROX.) While AI No Work	While Work
	22. 1 certify that (1) (this haspital) attended the deceased fram	8/26 19 68 to 9/2 19 68,
	that ((1) (we) last saw the deceased alive an Sept	2 19 (c.S. and that in(my) (aur) aplalan death accurred an the date
	and haur and from the causes stated above. (1) (We) (did) (did	nat) view the bady after death.
	23A. SIGNATURE	23B. DATE SIGNED
	Mire Lyg DEGREI	Attending Med. Director Shaff Phys.
	23C. PHYSICIAN'S NAME (Type) MARC LIPPMEN ME	23D. ADDRESS Johns Hopkins Hosp
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	
1	1) alre 110	
	KIMMEL 713/6X	Suffell // Panen
	EAT DATE REC'D BY HEALTH DEPTY 925B, NAME OF REGISTRAR	25G. FUNERAL DIRECTOR ADDRESS D'SC
	SAL DATE REC'D BY HEALTH DEPT 925B. NAME OF REGISTRAR VS. 150-REV. 1/168 3 1968 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	25G. FUNERAL DIRECTOR OF COLORS





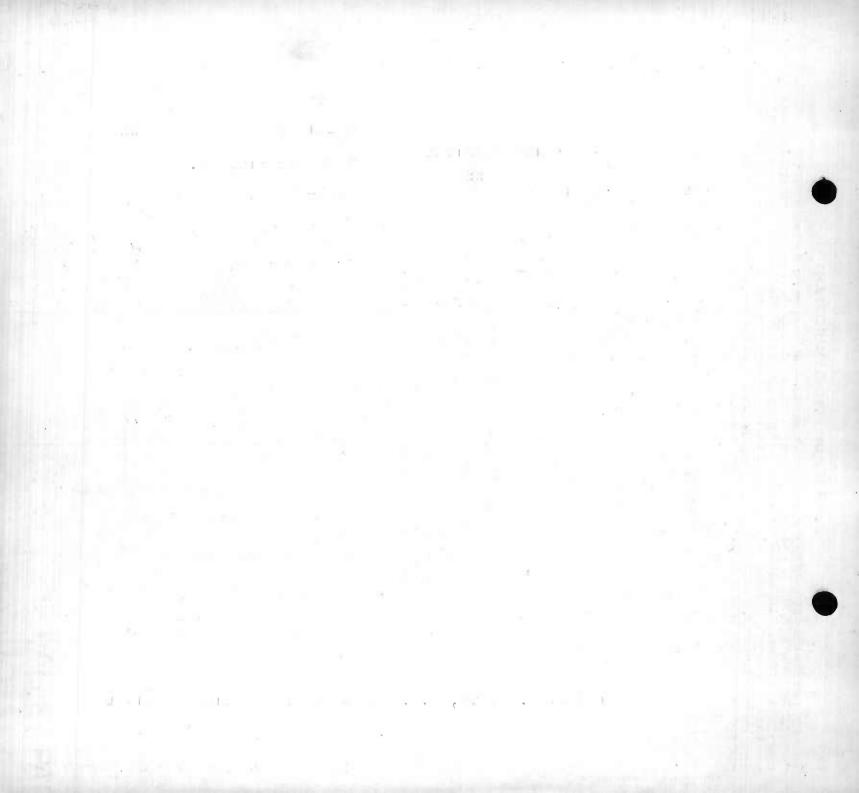
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DIRECTOR:

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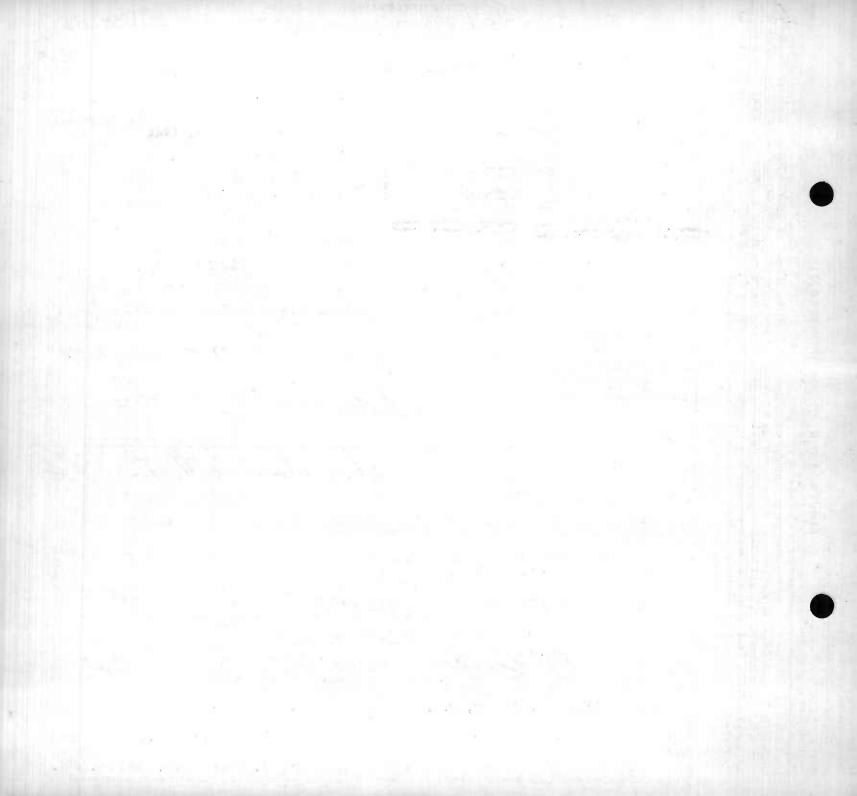
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BALTIMORE CITY HEALTH DEPARTMENT



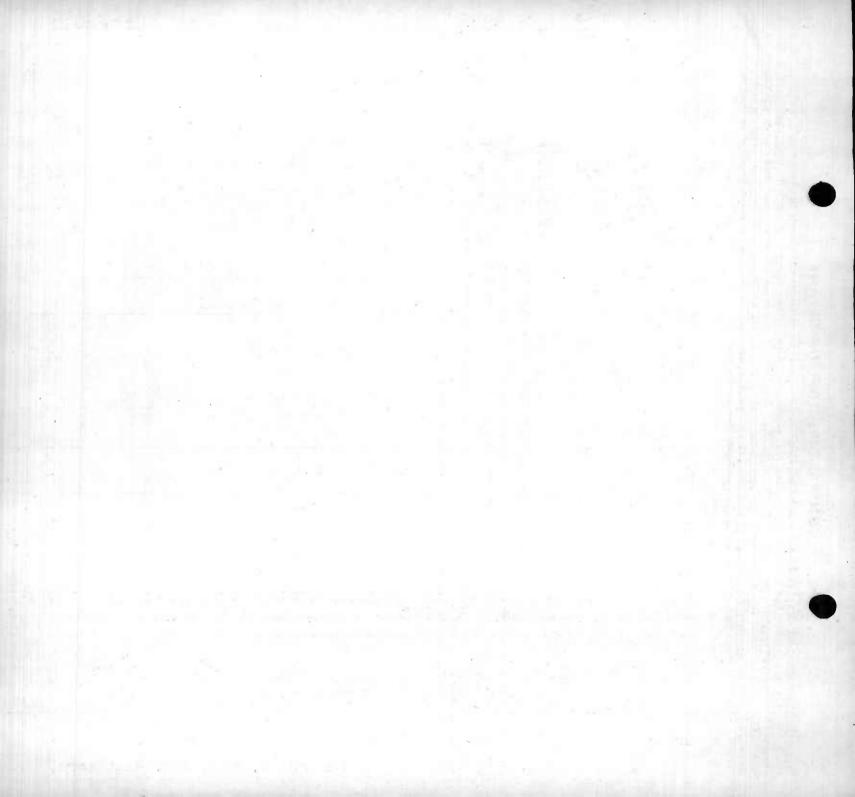
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		HEALTH DEPARTMEN	T	0.0
68- 89	357 CERTIFICA	TE OF DEATH	REG. NO	68-8957
BIRTH NO.	CERTITION		The state of the s	
1. NAME OF DECEASED (Type or Print)			E AND HOUR OF DEATH	4 30
JUCKER, I'IRS.	MEARL LEDY	10	EPT. 3,19	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONOUNCED DEAD	A. STATE B. C	Where deceased lived. If i	nstitution: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	MARYLAN C. CITY OR TOWN		3 3-00 side-city Limits?
9/ KESWICK Nursing	g Home	BALTIMORE E. STREET AND NUMBER	The second second second	TO TO STORE OF THE PARTY OF THE
BALTO : 1 MD. 21	716	+00 W. 4	O'D ST.	6305 BAN BURY FY
5. SEX 6. RACE 7. MARI	RIED X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
	DIVORCED _	MAY 14,189	78	
done during most (Gris & Cornitation)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
100000142		MARYLAN	٥	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN		
MARTIN L. ILGENFRIT	Z	ELIZABETH	MARSHAE	K
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give wor or dotes of serv	16. SOCIAL	17. INFORMANT RECORDS:	VESWICK - 700	W. 40 Th. ST.
No	216-02-2403	Hall for	100010.	ALTO , MD . 21211
18.440,9	CAUSE OF DEAT	H JICHOTE & CONT.	1	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		0	-	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAL	ISE The	umonu	Verst
(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise	e.g., DUE TO, OR AS	A CONSEQUENCE OF:		
injury ar complication which caused death.)	ruse,	1 1.	, -1.	
ANTECEDENT CAUSES	6	enerde	1 erleres	Me Year
DISEASES OR CONDITIONS, il any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the above cause (A) stating	the			
UNDERLYING CONDITION last.	(c)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (a).		Cheumeton	is within	to Years
DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH ORERATION	20A. AUTOPSY? (Yes	Noll 20R IE VES WEDE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED	OK WHICH OPERATION	Zon. Autorsignes	IN CERTIFYING CA	AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	218. PLACE OF INJURY (e.g., in home, form, foctory, street, o etc.)	ffice bldg., INJURY OCCU	D (If in Soltimo	re City, give exoct location)
21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
(APPROX.)	While At Work At Work			
20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 /2 /7	10/0	1 + 3 11 19
22. I certify that (1) (this haspital) attend	1		19 6 10	3/19/08
that (I) (we) lost sow the deceased alive				Inion death occurred on the dote
and hour and from the causes stated above	e (I) (We) (did) (did not)	view the bady ofter dec	oth.	
23A. SIGNATURE	1			23B, DATE SIGNED
AL CO	NING VVI Dh.	ending Med. Director	Staff Phys.	Sup 3, 1768
23C.PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS		
Richard K. Gun	dry, M.D. DEGREE	700 W. 40	th Street	
24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY OF CR	EMATORY 24	D. LOCATION (C	City, town, or county) (State)
	arkwood Cemet	ery I	Baltimore Co	o., Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIREC		ADDRESS
35P 3 1968 M. De	& E , farbure	Leonand	Ja Ruck Inc.	. Balto. Md.
VS 150-REV. 1/1/6B			*	

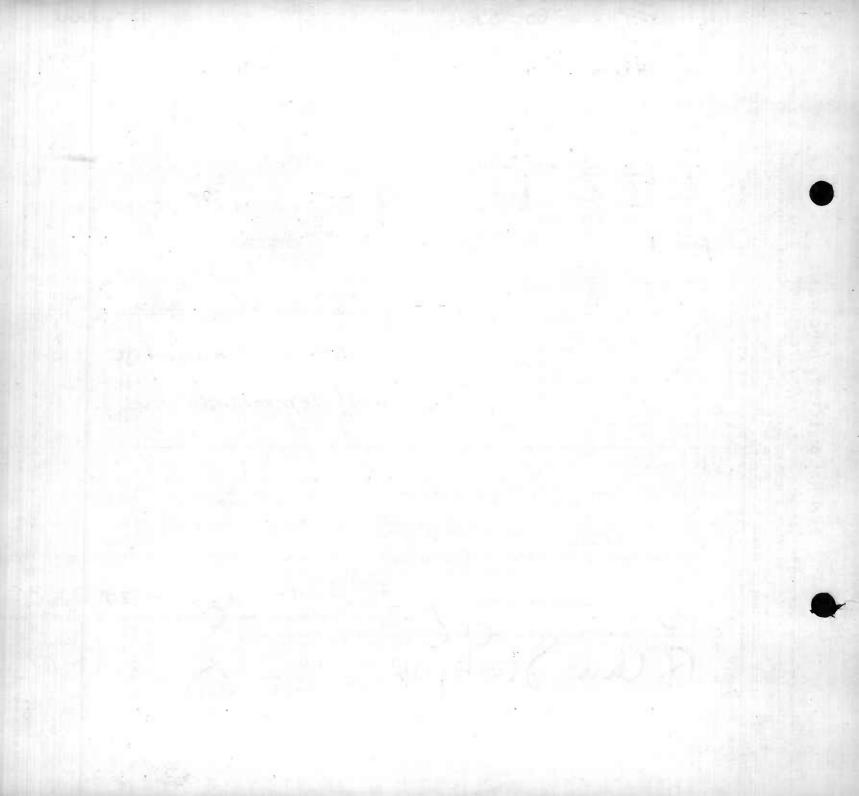


FUNERAL DIRECTOR: IMPORTANT

	00 001	BALTIMORE CITY	HEALTH DEPARTMENT		00 0050
		OS CERTIFICA	TE OF DEATH	REG. NO	68- 8958
	Pe or Print) Baker, Lero	4 Samuel	9/	3/68	1:500
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOL		4. USUAL RESIDENCE (Whe	re deceased lived. If in	stitution: residence before admi
	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITU	TION, GIVE STREET	marylan	L	
IN	DSPITAL OR ADDRESS OR LOCATION) STITUTION		C. CITY OR TOWN	TD: NS	DE CITY LIMITS?
	200 TO 00 000 VI	0-0	Dellemo	re of	yes y No
7	Montebullo State Hospi	elol	5605 P	4	4
S.	SEX 6. RACE 7. AAARDIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24
	male While WIDOWED	DIVORCED	2/14/05	lost birthdoy 63	Months Days Hours N
	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF the during most of wayking life, even if retired)	BUSINESS OR INDUSTRY	200 = 0116		12. CITIZEN OF WHAT COU
	Cal Dresser		10 kolyx	and	usA.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	_	
	Melchion Baker		mae St	ewart	
	Wos Deceosed Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dotes of service)	1 6. SOCIAL	17. INFORMANT		ADDRESS
116	no or unknown) ar yes, give wor or dotes of services	213-05-79	6 Hornitals 1	e. Park	
	18.	CAUSE OF DEATH	1		APPROXIMATE INTER
	DISEASE OR CONDITION DIRECTLY		A		BETWEEN ONSET AND
	LEADING TO DEATH	(ANIMMEDIATE CAU	SE Cardeau	Tailure	9 mond
	(This does not mean the mode of dying, e.g., heart failure, osthenio, etc. II meons the disease,		A CONSEQUENCE OF:		
	injury or complication which coused death,)				
	DISEASES OR CONDITIONS, il ony, giving rise to the above couse (A) stoling the	(B) Myself (C) OR AS	A CONSEQUENCE OF:	er Miscula	U Nepears 2 Js
	UNDERLYING CONDITION last.	(c)			
7	443X II				
TION	TO THE DEATH BUT NOT RELATED TO THE TERMINAL	goul	y archriles		29 yrs.
CA	DISEASE OR CONDITION GIVEN IN PART I (A).	WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE I	FINDINGS CONSIDERED
ERTIFI	WAS PERFORMED		no	IN CERTIFYING CA	
CE	21 A. ACCIDENT WAS UNDERLYING 218.	PLACE OF INJURY (e.g., in	n or about 21 C. WHERE DID	(If in Baltimor	e City, give exact location)
AL	DEATH (notify medical examiner) etc.)	e, torm, toctory, street, or	fice bldg., INJURY OCCUR?		
EDIC	21D-TIME (Month) (Doy) (Year) (Hour) 21E.	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
ME		le At Not White			
	4401		7-0. 17-	1967 to Sep	1. 2
	22. I certify that (I) (this haspital) attended th	deceosed from	. /	,	11 3 196
	that (I) (we) lost saw the deceased alive on	Septe.		ot in (my) (our) oni	nion deoth occurred an th
	and hour and from the causes stated above. (1)) (We) (did) (did nat) v	iew the body ofter deoth.		
	23A. SIGNATURE		adian D Mad C	5-4 m ÷	238. DATE SIGNED
	23A. SIGNATURE Daniel P. Lai	M. D. OEGREE		Shaff Phys.	9/3/65
	Daniel J. Rai	M. D. OEGREE	23D. ADDRESS	Shaff Phys.	238, DATE SIGNED
	Haniel P. Lai	M, D. OEGREE Phys	i. U Director U	Shaff Depo	238. DATE SIGNED 9/3/65 Boltimore. N
247	Daniel J. Lai 23C. PHYSICIAN'S NAME (Type) Daniel J. Lai	M. D. OEGREE	230. ADDRESS 230/ angor	nne Drivo	238. DATE SIGNED 9/3/65 Ballimore, 8 ty, town, or county) (St
	23C. PHYSICIANS NAME (Type) A. BURIAL CREMATION, 24B. DATE 24C. NA REMOVAL (Specify) 24C. NA	M S OEGREE Phys	23D. ADDRESS 23 O/ Orgon MATORY 24D. L	ocation (Ci	Ballimore, 8 ty, town, or county) (SI
I	23C. PHYSICIANS NAME (Type) A. BURIAL CREMATION, 24B. DATE 24C. NA REMOVAL (Specify) 24C. NA	M. P. OEGREE Physics of CRESCAME of CEMETERY of CRESCAME CONTRACTOR OF CRESCAME CONTRACTOR OF REGISTRAR	23D. ADDRESS 23 O O GO EMATORY Ba 25C. FUNERAL DIRECTO	phys. 43 une Divo ocation (Ci ltimore, N	Pallimore, 8 iy, town, or county) (Si
I	23C.PHYSICIANS NAME (Type) A. BURIAL CREMATION, 24B. DATE 24C.NA BURIAL (Specify) 346/68 Park	M. R. OEGREE Physics P	23D. ADDRESS 23 O O GO EMATORY Ba 25C. FUNERAL DIRECTO	phys. 43 une Divo ocation (Ci ltimore, N	Ballimore, D ty, town, or county) (S
2S /	23C. PHYSICIANS 24C. NA 24C. N	M. P. OEGREE Physics of CRESCAME of CEMETERY of CRESCAME CONTRACTOR OF CRESCAME CONTRACTOR OF REGISTRAR	23D. ADDRESS 23 O O GO EMATORY Ba 25C. FUNERAL DIRECTO	phys. 43 une Divo ocation (Ci ltimore, N	Pallimore, it is, town, or county) (1) Id. ADDRESS



Billiag Gushaff FEE STEAM AND THE SECOND Show ELLEN HC SILLOUVAY RECEPT MC C.CCC 47 Ola Toron yadan qora He both & Com ENTER COURT WAS EXCUSED TO A SW to the territory



68- 89	BALTIMORE CIT	Y HEALTH DEPARTMENT		68- 8961
00- 03	CERTIFICA	TE OF DEATH	REG. NO	00- 0961
BIRTH NO. 1. NAME OF DECEASED	CERTITO		HOUR OF BEATH	
(Type or Point) 11 1 O C 1			HOUR OF DEATH	2400
Helen D (oleman) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PR		Jept. 1	1968	titution; residence before odmission)
		A. STATE B. COUNT	Υ	monon, residence before ournssion
FUELL ME OF THE NOAIN HOSPITAL ARIN	AENDED	Maryland	The state of the state of	
INSTITUTION	ALI IDED	C. CITY OF TOWN	D. INSIL	DE CITY LIMITS?
00	9/9/68	Baltimore		ES O
1100 011	4	E. STREET AND NUMBER	011	1
6101 Loch Raven Blvd	Apt 410	6101 Loch Ra	iven Blvd	Apt 410
	RIED NEVER MARRIED		AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.
Female White WIDO	WED DIVORCED	Oct 9,1895	72	Trionins Doys Troots Trini.
IOA. USUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRY		n country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)		M . / /		11 5 1
Housewife		Maryland		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
John Katte Miller		Mary T Leibe	n	
15. Was Deceased Ever in U.S. Armed Forces?	1 6. SOCIAL	Mary / Leibe	o1 6.	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of serv		n M. 11.	C.1	(
//0	217-48-729	9 Mr Harry ((oleman	Same
18. 4 / 2 1	CAUSE OF DEAT	H 1 11	1 0	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Ce	retral Honor	reage	20
LEADING TO DEATH	(A)IMMEDIATE CA			1 hours
(This does not meon the mode of dying, heart failure, asthenia, etc. It means the dis-		A CONSEQUENCE OF:		
injury or complication which coused death.)	011			1 0
ANTECEDENT CAUSES	Byland	usul Cardious	when deser	we Several year
DISEASES OR CONDITIONS, if ony, g	iving DUE TO, OR AS	usure Cordious S A CONSEQUENCE OF:	*************************	7
rise to the obove couse (A) stoting	the			
UNDERLYING CONDITION lost.	(C)	************		
2 443X II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUT				
■ DISEASE OR CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	IZAA ALIZODOVA (V N)	200 45 466 14466 61	NAME OF STREET
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	238 N + 65 OF WHITE	i	91	
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., home, form, foctory, street, c	office bldg., INJURY OCCUR?	(If In Boltimore	Cily, give exoct locotion)
DEATH (notify medical examiner)	etc.)			
21D.TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
OF INJURY (APPROX.)	While At Not Whi			
			10	1 111 1 1 2
22. I certify that (1) (this hospital) attend	led the deceosed from	1 -	68 10	oft 1968
that (I) (we) last sow the deceased alive	on April	19 6 ond that	in(my) (our) apln	Ion death accurred on the date
and hour and from the causes stated above	ve. (1) (We) (did) (did not)	view the body after death.		
23A. SIGNATURE				23B. DATE SIGNED
1051-blends			taff	9/2/68
23C. PHYSICIAN'S	DEGREE Phy		hy s. 🗀	11-16-1
NAME (Type)		23D. ADDRESS		
Leo Schlenger	M.D. DEGREE	6001 Loch Ray	ven Blvd B	altimore, Md
24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)		EMATORY 24D. LO		, town, or county) (State)
Burial 9/4/68	Parkwood	Bas	ltimore. A	Paryland
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		Maryland Address Iltimore, Md.
1300 (1000	DE, Jabuna	Loonard O.R.	ich On Re	Itimone Md
		Leonald 7 110	LUK THE DO	mone, ma.

BALTIMORE CITY HEALTH DEPARTMENT

68-8962

NO

If Under 24 Hrs.

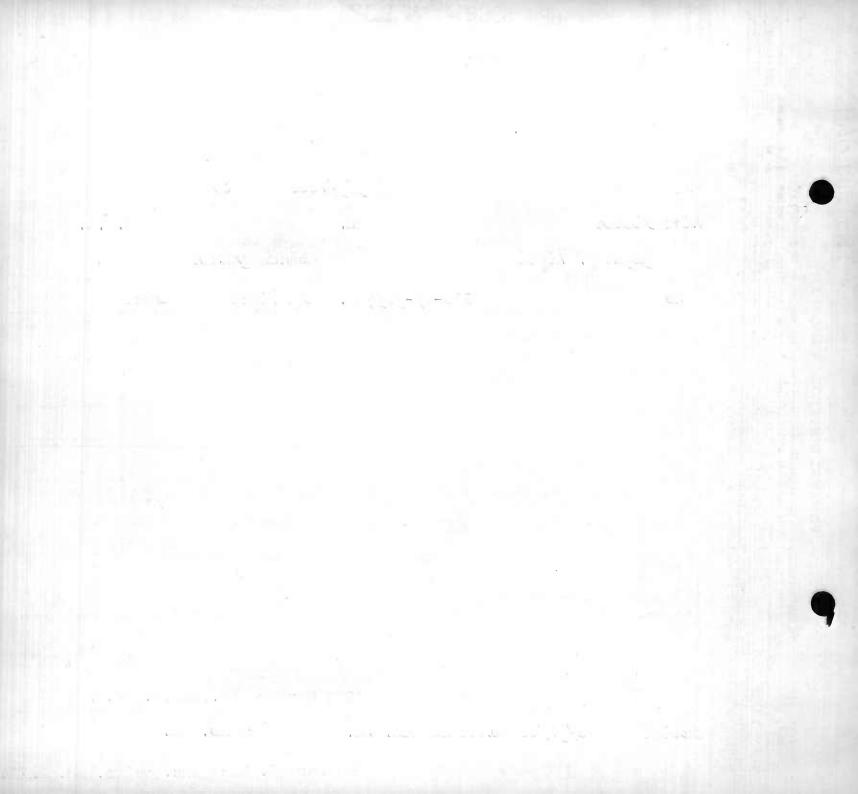
ADDRESS

20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

ADDRESS

VS 150-REV. 1/1/68

Leonard J. Ruck Inc. Balto. Md. 21214



Such

BIRTH NO.	68-896	BALTIMORE CITY	TE OF DEATH	REG. NO.	68-8963
	00 00	CERTIFICA	TE OF DEATH	and the second	
NAME OF DECEASED Type or Print) Mary B C1	ark		August	30.1968	11:40 A.
3. PLACE IN BALTIMORE, MAR	YLAND, WHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNTY		ution: residence before admission
FULL NAME OF (IF NOT I	IN HOSPITAL OR INST	TITUTION, GIVE STREET	Maryland		
HOSPITAL OR ADDRESS	OR LOCATION)		C. CITY OR TOWN	D. INSIDE	CITY LIMITS?
Long Green Nur	sing Home		Baltimore		S NO
Olis E Melrose	Ave		6. STREET AND NUMBER 3601 Delverne R	load	
SEX 6. RACE	7. MARRIE	D NEVER MARRIED		AGE (In years I	f Under 1 Yr. If Under 24 H Aonths: Doys Hours: Min.
Female White	WIDOWE	DIVORCED	3/2/1884	84 M	10013
		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	2. CITIZEN OF WHAT COUNT
one during most of working life, ever Housewife	h if retired)		Md.	2 12	U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
John Edelr	mann		Elizabeth	-	
5. Was Deceased Ever in U. S. es.no or unknown) (If yes, give v	Armed Forces? wor or dotes of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no		none	Mrs. Anne Schwab	30 Over Ric	dge Ct.
ANTECEDENT	CAUSES	(0) (1) (0)	MARANDARIA	- Valsea	
DISEASES OR CONDITION TISE TO THE OBOVE COUNTY OF THE OBOVE UNDERLYING CONDITION THE OBOVE THE OBJECT THE OBJE	IUSE (A) STOTING THE STOTE THE STOTE THE STOTE THE TERMINA FEN IN PART I (A).	Cerebral ar	terios clerosis 20A. AUTOPSY? (Yes or No)	OSIS Ch Bian 208. If YES, WERE FIN CERTIFYING CAUSE	DINUS CONSIDERED
DISEASES OR CONDITION TISE TO THE OBOVE CONDITION A 20 IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	TIONS CONTRIBUTING LATED TO THE TERMINA /EN IN PART I (A). 1198. CONDITION FOR WAS PERFORMED ERLYING 2 55 OF h	Cerebral ar	terios clerosis 20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUSE	DINES CONSIDERED (SOF DEATH?
DISEASES OR CONDITION TISE TO THE OBOVE CONDITION AND THE SIGNIFICANT CONDITION OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT REL DISEASE OR CONDITION GIVE 19-A. DATE OF OPERATION 21-A. ACCIDENT WAS UND	IN IONS CONTRIBUTING LATED TO THE TERMINA LATED TO	Cultal ax WHICH OPERATION 18. PLACE OF INJURY (e.g., i	terios clerosis 20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUSE	S OF DEATH?

Balto. Md.

9/3/68 Burial 25A. DATE REC'D BY HEALTH DEPT.

1968

Dulaney Valley Cem.

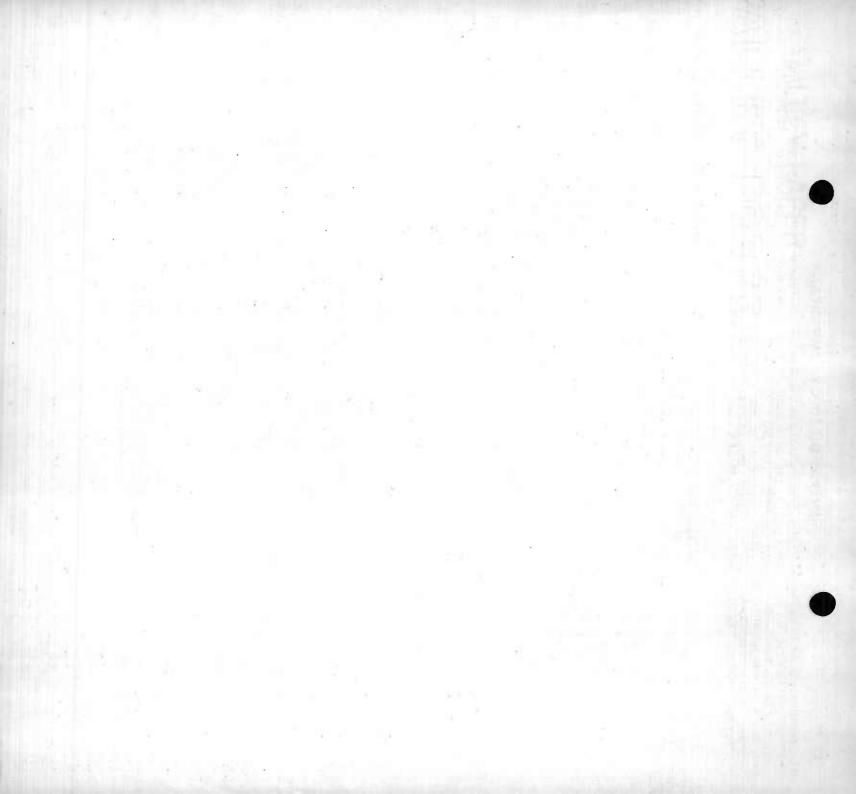
2SC. FUNERAL DIRECTOR

Leonard J Ruck Inc

ADDRESS

Baltimore, Md

O To resolvatel C- Volumes 25 y 18 a Character and addressed Calmal Wetering de com Total Brand State



Letter from Union Memorial Hospt. 10-7-68 M.H.

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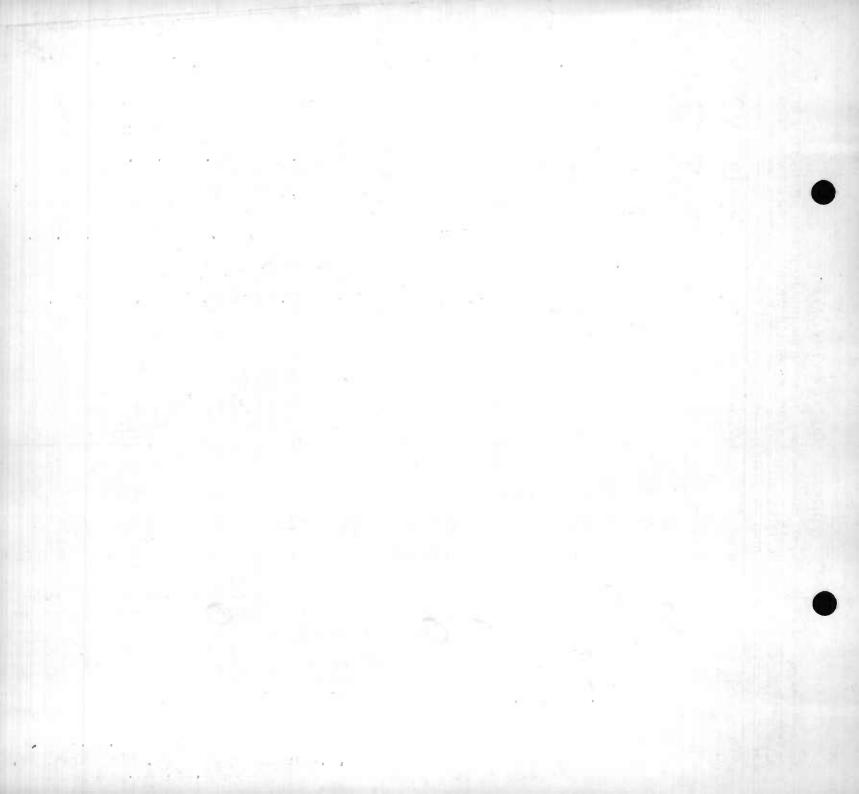
00	0000	BALTIMORE CITY HEALTH	DEPARTMENT
08-	8366	CERTIFICATE OF	DEATH

68- 8966 REG NO

BIRTH NO.		CERTIFICA	TE OF DI	EATH	
I. NAME OF DE	CEASED			2. DATE AND HOUR OF DEATH	10
(Type or Print)	E. Marg	uerite Brewer		August 30,196	8 112:05 N
3. PLACE IN BA	ALTIMORE, MARYLAND, WHERE		4. USUAL RESID	B. COUNTY	stitution: residence before admission)
FULL NAME O HOSPITAL OR INSTITUTION	F (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	Mary]		DE CHE LIMITS
90	Anderson Nurs	ing Home	Balti E. STREET AND	NUMBER	YES NO
			11	. 39th St. Apt.	
S. SEX		RRIED NEVER MARRIED NOWED DIVORCED	June 25	. lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
IOA, USUAL OC	CUPATION (Give kind of work 10B, Ki				12. CITIZEN OF WHAT COUNTRY
Homema	aker	hwn Home	Bal t	imore Md	U.S.A.
13. FATHER'S N.			14. MOTHER'S	MAIDEN NAME	
100	t E. Brewer			McPhail	
S. Wos Deceose Yes, no or unknow	ed Ever in U. S. Armed Forces? vn) (If yes, give wor or dotes of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	A Contract of the	215-10-2976	William	B. Brewer, 101	W. 39th St.
DISEASES rise to 1 UN DERLYIN OTHER SIGN TO THE DEL DISEASE OR	nol meen the mode of dying, s, osthenia, etc. It meens the diamplication which caused death, ANTECEDENT CAUSES OR CONDITIONS, if ony, the above cause (A) station of CONDITION last, 3 11 ILIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTION TO RELATED TO THE TERM CONDITION GIVEN IN PART 1 (A). OF OPERATION 198. CONDITION WAS PERFORME	giving (B) DUE TO, OR AS (C)	A CONSEQUENCE A CONS	The more The more of the service of	FINDINGS CONSIDERED USES OF DEATH?
E 0			No		
OR CONTRI	BUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street, o	ffice bldg., INJURY	OCCUR?	e City, give exocl locotion)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor) (Hou	While At Not While At Work	le 🗀	DW DID INJURY OCCUR?	
that (1)/(we	y that (1)(this hospital) atte e) last saw the deceased ally nd from the causes stated ab	e on any	0 66		nian death occurred on the day
23A. SIGNA	My		ending M	ed. Shaff Phys.	23B. DAY SIGNED
23 C. PHYSIC NAME	Dr. Paul M.	Byerly	5820 Yo	ork Road	
REMOVAL		24C, NAME of CEMETERY of CR			ty, town, or county) (State)
Buria		Druid Ridge	DEC EILIER	Pikesville, E	Balto Co. Md.
ZOA. DATE KEC	SEP 3 1968 P.O	LA E FALLWAR	H.W.Je	enkins & Sons Co	Balto Co. Md.

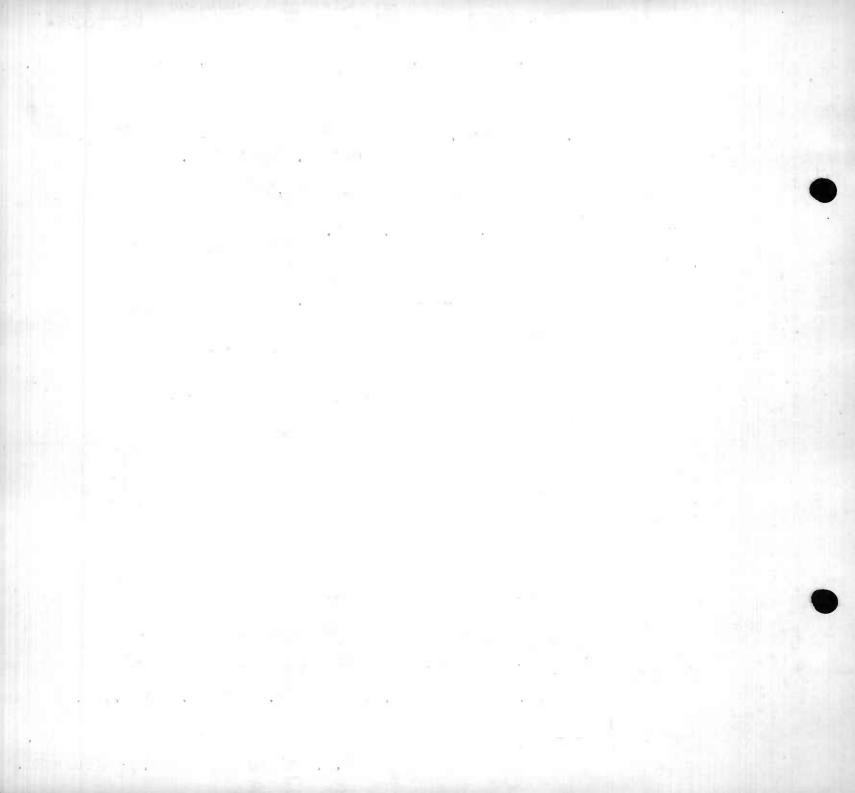
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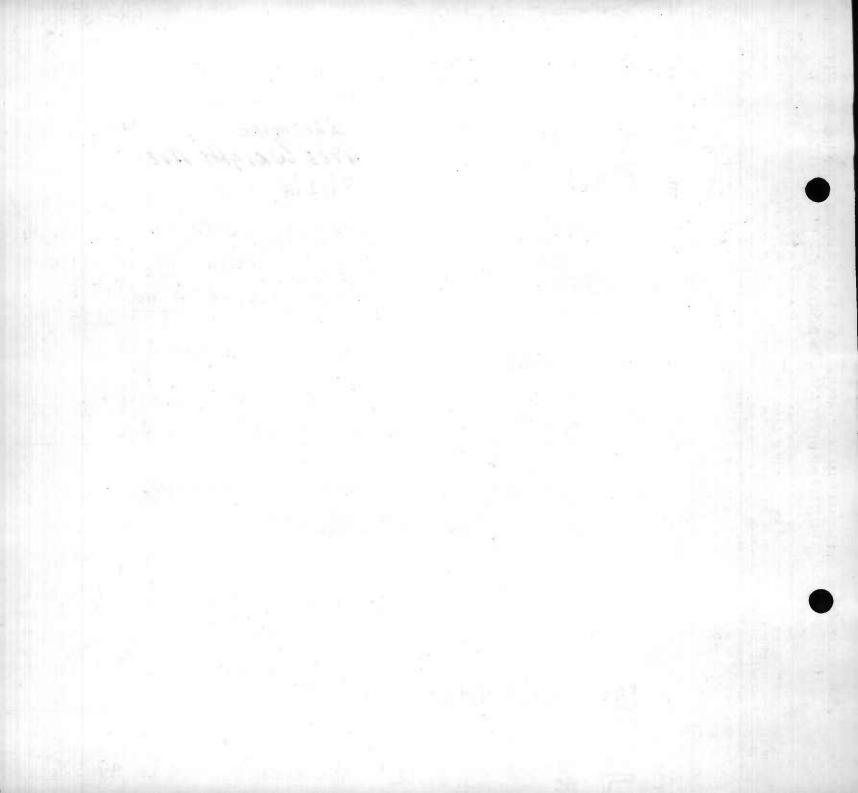
H.W. Jenkins & Sons Co. 4905 York Rd.

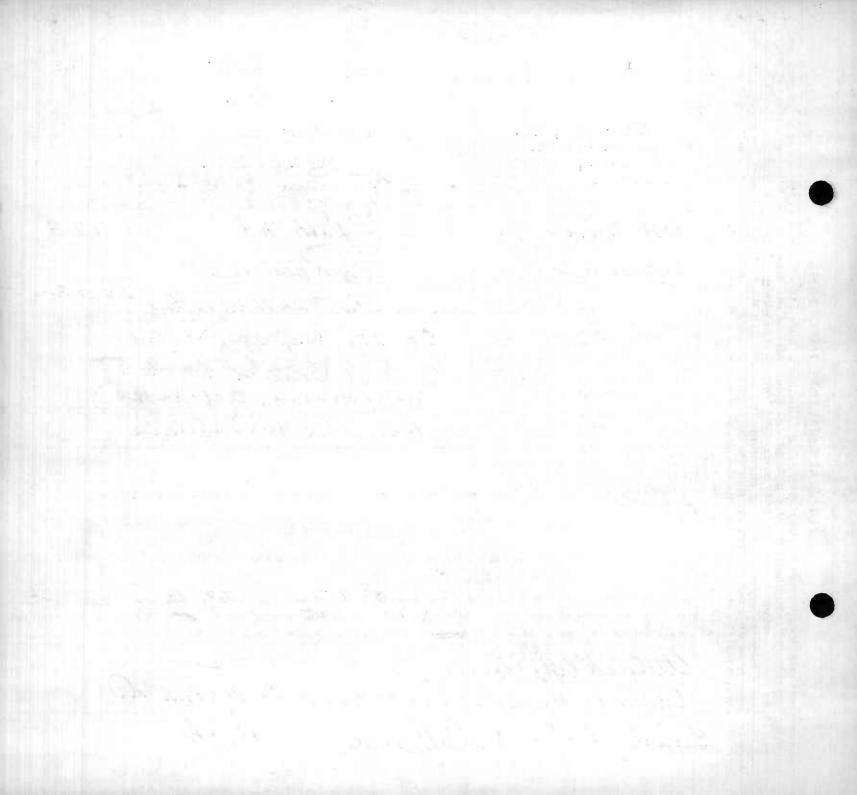


FUNERAL DIRECTOR: IMPORTANT

6	38- 896	BALTIMORE CIT	ATE OF DEATH	REG. NO.	68-	8967
	000	CERTIFICA				2001
NAME OF DECEASED Type or Print) WILLIA	M D. GER	NTRY SR.		st 30,196	•	:30 P
B. PLACE IN BALTIMORE, MARYLAND			4. USUAL RESIDENCE (Wh	ere decoased lived. If		
FULL NAME OF (IF NOT IN HO	SPITAL OR INSTIT	UTION, GIVE STREET	Maryland	N		
OSPITAL OR ADDRESS OR L	OCATION)		C. CITY OR TOWN	D. II	ISIDE CITY LIMITS?	
4504 N.	Charles	St.	Baltimore		YES, X	NO 🗌
0	01101 100	50.	4504 N. Cha	rles St.	, ,	
SEX 6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. Manths: Doys	, If Under 24
M W	WIDOWED		August 14,18	196 72	Manths	Hours Mi
A. USUAL OCCUPATION (Give kind of		BUSINESS OR INDUSTR			12. CITIZEN OF	WHAT COU
ne during mast of warking life, even if retir		Cog &Floot	Ma		TTCA	
Engineer FATHER'S NAME	Darto.	.Gas&Elect.	MQ	AME	USA	
E. Haden Gentry			Mary Levell	0		
. Was Deceased Ever in U. S. Armed	f Forces?	1 6. SOCIAL	17. INFORMANT		ADDR	ESS
es, no or unknown) (If yes, give wor or	dates of service)	SECURITY NO.		Acres 1		
Yes WW 1		212-05-6516		try	Sa	
18. 4		CAUSE OF DEA	TH			OXIMATE INTERV
DISEASE OR CONDITION	DIRECTLY		0			
LEADING TO DEA	ATH	(A)IMMEDIATE CA	S A CONSEQUENCE OF:	culas secre	let	5
(This does not mean the mode		DUE TO, OR AS	A CONSEQUENCE OF:			
heart failure, asthenia, etc. It me	eans the diseose,					
	(death)					
injury or complication which cau		0				,
		(8) axte	in selvou		se din l	mo
ANTECEDENT CAU DISEASES OR CONDITIONS,	JSES if ony, giving	(8) axte			oc. din (1 mo
ANTECEDENT CAU DISEASES OR CONDITIONS, rise to the above couse	ISES if ony, giving (A) stoling the	(B) Cattle DUE TO, OR A	in selvou		se din l	1 mo
ANTECEDENT CAU ANTECEDENT CAU DISEASES OR CONDITIONS, rise to the above couse tunderlying CONDITION lost.	ISES if ony, giving (A) stoling the	(8) axte	in selvou		se din (i mo
DISEASES OR CONDITIONS, rise to the above couse UNDERLYING CONDITION lost.	JSES if ony, giving (A) stoting the	(B) Cattle DUE TO, OR A	sio selvoti		se dis	i ms
DISEASES OR CONDITIONS, rise to the above couse UNDERLYING CONDITION lost.	ISES if ony, giving (A) stoling the CONTRIBUTING TO THE TERMINAL	(B) Cattle DUE TO, OR A	sio selvoti		se die	e mo
ANTECEDENT CAU ANTECEDENT CAU DISEASES OR CONDITIONS, rise to the above couse UNDERLYING CONDITION lost. I OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED IN DISEASE OR CONDITION 1798.	if ony, giving (A) stoling the CONTRIBUTING TO THE TERMINAL PART I (A).	(B) Que to, or a	sio selvoti	e Contro		d ma
ANTECEDENT CAU ANTECEDENT CAU DISEASES OR CONDITIONS, rise to the above couse UNDERLYING CONDITION lost. I OTHER SIGNIFICANT CONDITION STORE TO THE DEATH BUT NOT RELATED IN DISEASE OR CONDITION GIVEN IN 198. (9) 1998. [1]	ISES if ony, giving (A) stoling the CONTRIBUTING TO THE TERMINAL PART 1 (A).	(B) Que to, or a	S A CONSEQUENCE OF: 20 A. AUTOPSY? (Yes or N	e Contro	E FINDINGS CONS	IDERED
ANTECEDENT CAU ANTECEDENT CAU DISEASES OR CONDITIONS, rise to the above couse UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED 1 DISEASE OR CONDITION GIVEN IN 19A. DATE OF OPERATION 19B. (WAS) 21A. ACCIDENT WAS UNDERLYIN	If ony, giving (A) stoling the CONTRIBUTING TO THE TERMINAL PART 1 (A).	(B) DUE TO, OR A (C)	S A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or No., in or obout 21C. WHERE DID	(o) 20B. IF YES, WER		
ANTECEDENT CAU ANTECEDENT CAU DISEASES OR CONDITIONS, rise to the above cause UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITION STO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT REL	If ony, giving (A) stoling the CONTRIBUTING TO THE TERMINAL PART 1 (A).	(B) DUE TO, OR A (C)	20 A. AUTOPSY? (Yes or N	(o) 20B. IF YES, WER	E FINDINGS CONS	
ANTECEDENT CAU ANTECEDENT CAU DISEASES OR CONDITIONS, rise to the above couse UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS DISEASE OR CONDITION GIVEN IN 19A-DATE OF OPERATION 179B. (WAS) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examine)	If ony, giving (A) stoling the CONTRIBUTING TO THE TERMINAL PART 1 (A). CONDITION FOR YPERFORMED ONG 21B hometc.	(B) DUE TO, OR A (C)	20 A. AUTOPSY? (Yes or No., in or obout 21 C. WHERE DID office bidg., INJURY OCCUR?	O COMMENT OF THE STATE OF THE S	E FINDINGS CONS	
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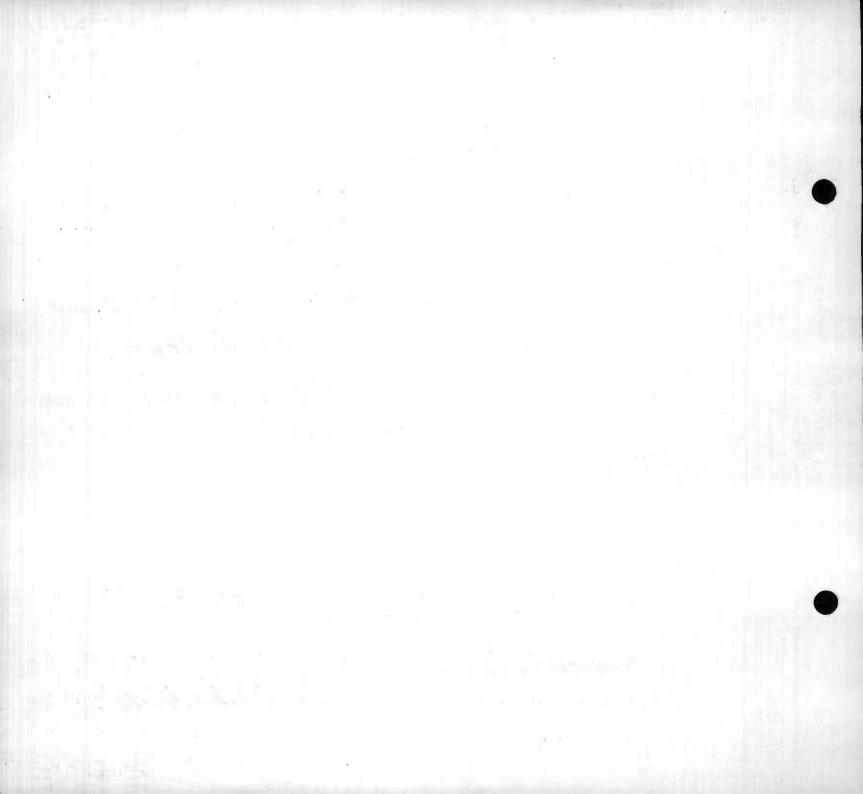
BALTIMORE CITY HEALTH DEPARTMENT

68- 8070

ULL NAME OF OSPITAL OR	ADDRESS OR LOCA	L OR INSTIT	UNCED DEAD	A. STATE B.				
		Street,	Baltimore, ad, 21229	4. USUAL RESIDENCE (Where deceased fixed, If institution: residence before admission				
sex Female	6. RACE White	MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH Nov.16, 1885	9. AGE (In years	ff Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.		
	orking tife, even if retired)		F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote Baltimor		12. CITIZEN OF WHAT COUNT		
FATHER'S NAM	A E		NUMBER OF STREET	14. MOTHER'S MAIDE	NAME			
Jehn :					a Dietrich			
. Wos Deceosed es, no or unknown)	Ever in U. S. Armed Forc (If yes, give wor or dotes	of service)	16. SOCIAL SECURITY NO. 214-01-5306	Gerald V. McI	Dowell, 431 Ben	talou Street, Balto.		
UNDERLYING	obove cause (A) CONDITION last. II CANT CONDITIONS CON	ITRIBUTING	(c) The	1 Veace	lle!	Wyan		
DISEASE OR C	OPERATION 198. CONE	1 (A).	WHICH OPERATION	20A. AUTOPSY? (Yes	s or No) 208, IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?		
OR CONTRIBU	TING CAUSE OF medicol exominer	216 hor etc	B. PLACE OF INJURY (e.g., ne, form, foctory, street, o	n or obout 21C. WHERE ffice bldg., INJURY OCC	DID (If In Boltim	ore City, give exoct locotion)		
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)	W	LINJURY OCCURRED hile At At Work		ID INJURY OCCUR?			
that (I) (we)	unay!	l alive an	(1) (We) (did) (prid nat)	riew the bady after d	leath.	23B. DATE SIGNED		

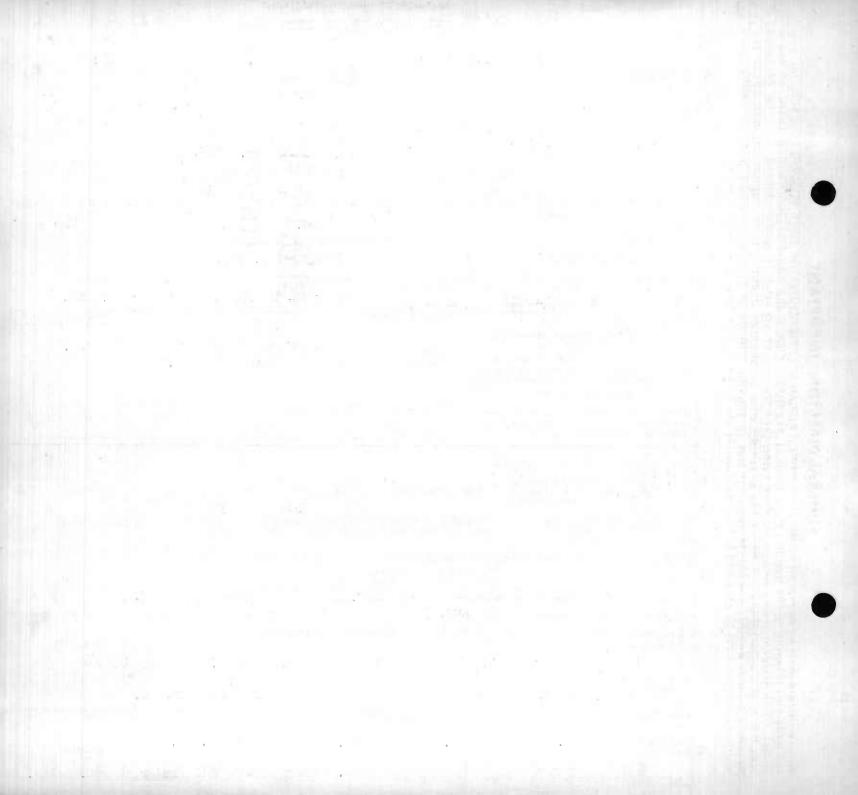
VS 150-REV. 1/1/68

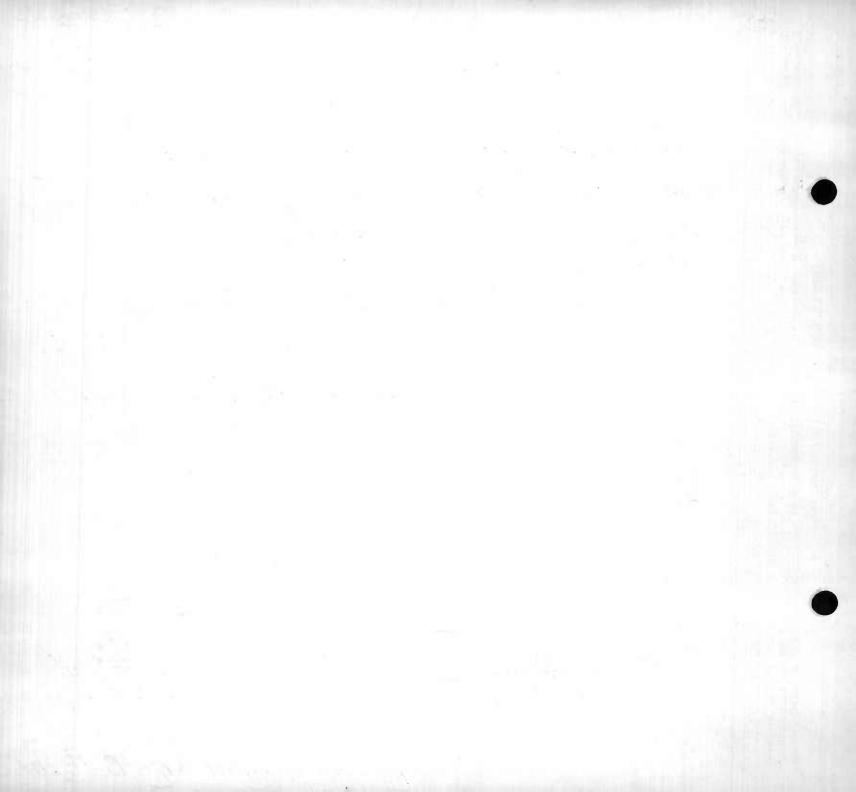
Maryland.

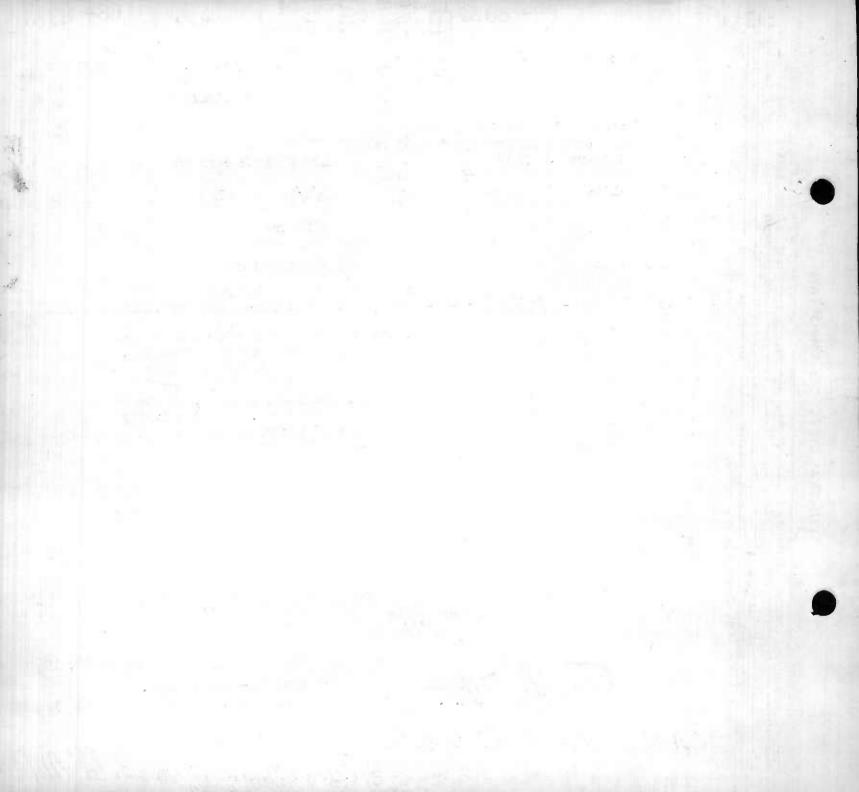


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VS 150-REV. 1/1/68



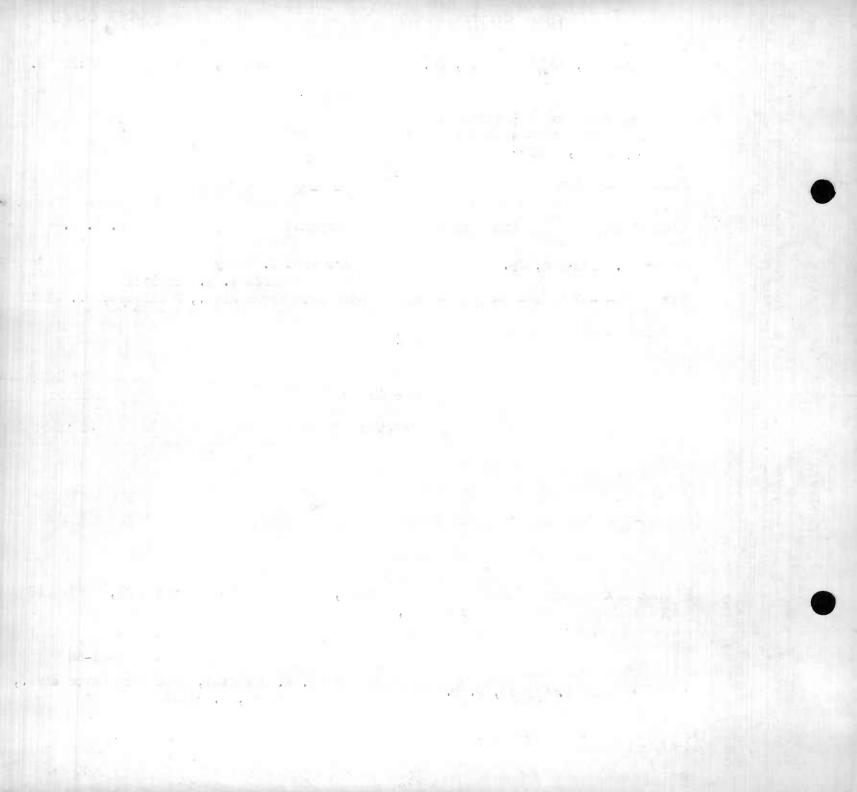


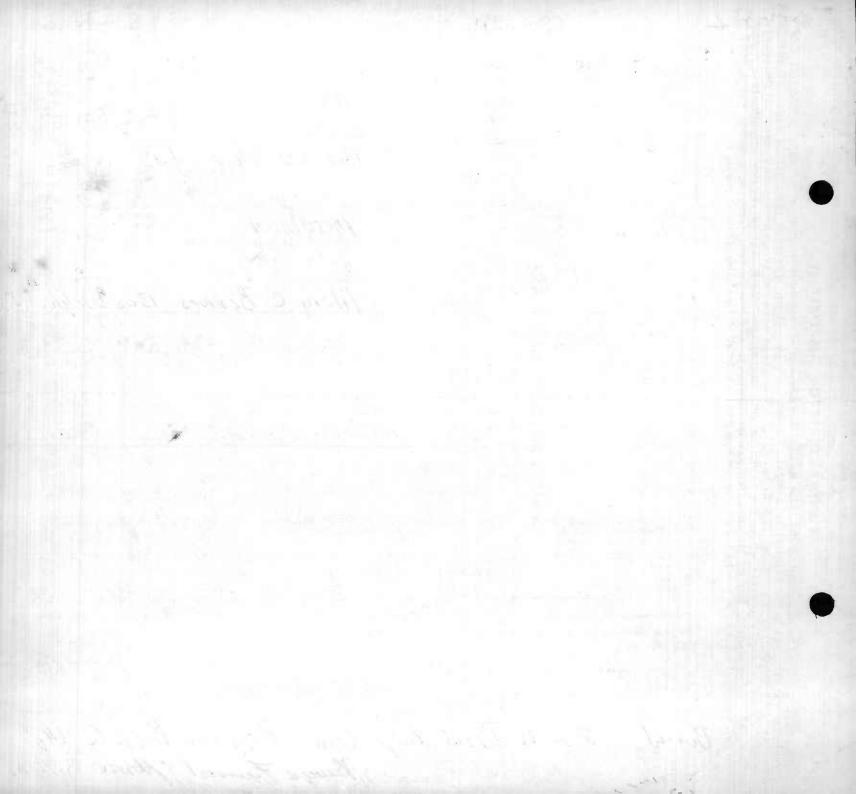


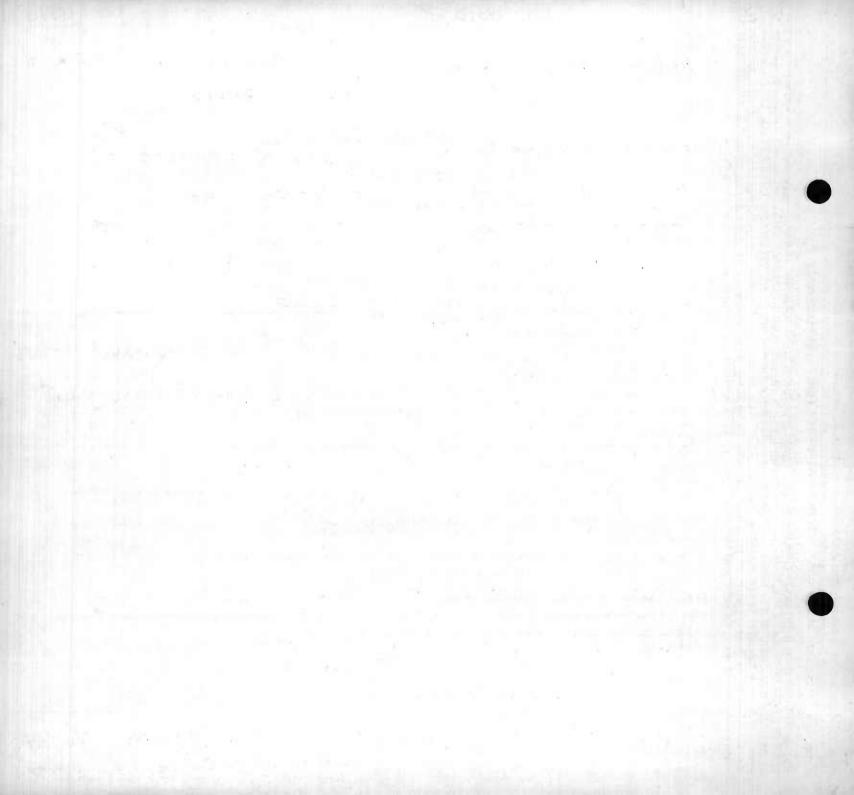
VS 151-REV. 1/1/6B

68- 8974 BALTIMORE CITY HEA	ALTH DEPARTMENT	00 0=
MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO.	68-8974
BIRTH NO.		
1. NAME OF DECEASED (Type or Print)	2. DATE Knawn X Manth Day	Yeor Hour
CHARLES C. MARTIN	DEATH Estimated 1 8 26	68 8:20ам.
	3. DATE Manth Day PRONOUNCED DEAD	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION		.968 8:20 a M
	A. STATE B. COUNTY	residence before damission)
00416 Tuxedost D.O.A.	Maryland	
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CIT	A FIWII24
Male White WIDOWED DIVORCED		NO L
P. DATE OF BIRTH 10. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Manths; Days; Hours; Min.	E. STREET AND NUMBER	And the second
April 2, 1923 ast birthday) 45 Manths, Days, Hours, Min.	416 Tuxedost	-01
1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	1
MACUIAND WHAT COUNTRY?	CASIN M. PORTIN	
4A. USUAL OCCUPATION (Give kind of wark 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME	
one during most of working life, even if retired)	Esther L Williams	
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL		DRESS
Yes, no or unknown) (If yes, give war ar dates af service) SECURITY NO.		
10 217 /8 0408		APPROXIMATE INTERVAL
19. — 9 8 0, 10 CAUSE OF DEAT		BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	3-0-1 1 · +	
LEADING TO DEATH (A)IMMEDIATE C		Mahori
heart failure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:	
injury or complication which coused death.)		
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR A	AS A CONSEQUENCE OF:	**************************************
UNDERLYING CONDITION LAST.		
(c)		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED	21. AUTOPSY? (Yes ar Na)
		YES
	in ar about 22C. WHERE DID (If in Boltimare City, give exact	lacation)
UTING CAUSE OF DEATH.	411. Turedist.	\mathcal{J} 0.
22D. TIME (Month) (Doy) (Year) (Haur) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)	WHILE OF TO	. [
(APPROX.) 8 24 68 m. WORK AT WI	ORK 19 Denviluer Cre	isuon,
I certify that I held on Inquiry Inspection Aut	tonsy XX and that on this basis death in my	ninlon
		A
resulted from Natural causes Accident Suicid		
ACTUAL DA A MA	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER	
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	
NAME (Type) Edward F. Wilson, M.D.	Augu	ust 26, 1968
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY		or county) (State)
Burini 8-29-68 Mendowrio	age Mem. Mrx Noward Co.	MRIGIRNO
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR		DDRESS
OFD 8 400/ A - A ST A	BI F I	D 1/1
SEP 3 TUSE /C D R. U .d. A D 44	1 1 1111 / 1 / Wh.	10. 11/11

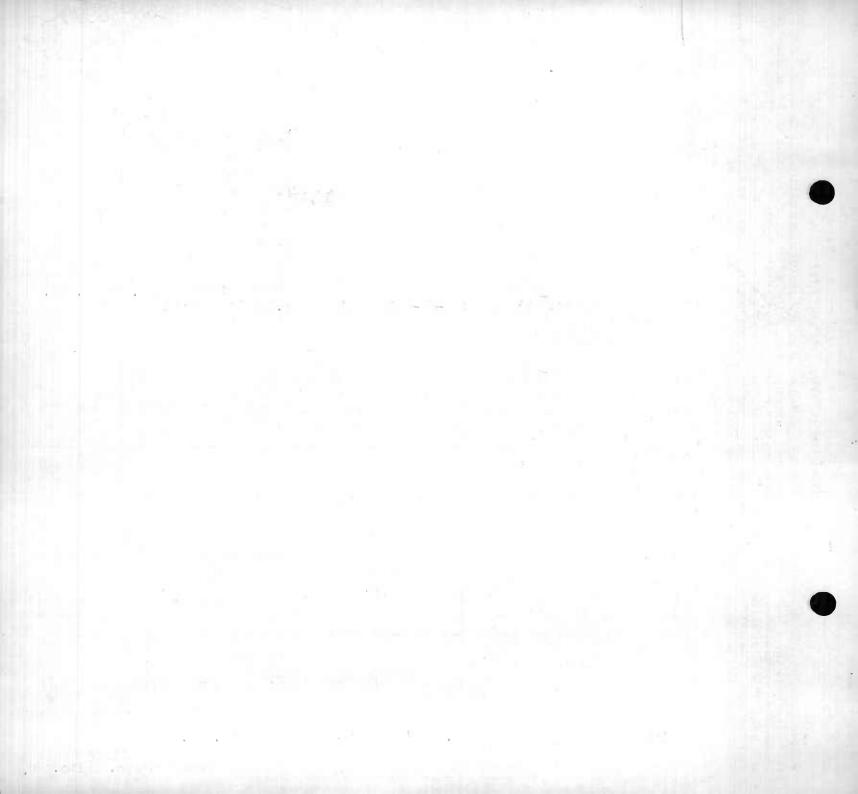
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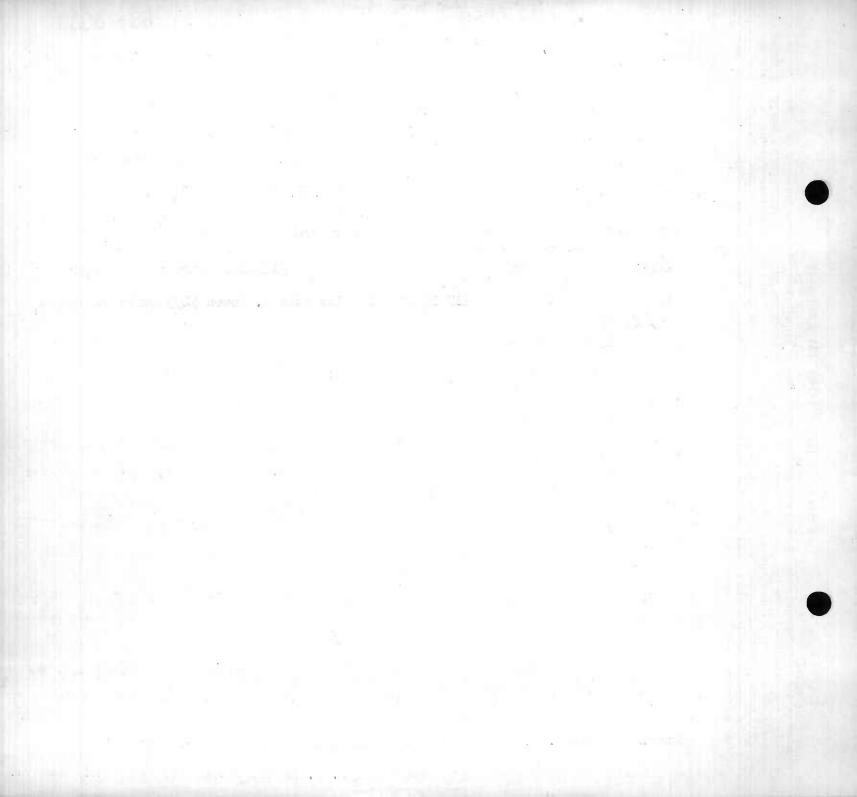






		00	00*		IT HEALTH DEPA		REG. NO	68-	8979
BIRTH NO.		68-	- 897	9 CERTIFIC	ATE OF D	EATH	REG. NO		0070
I. NAME OF	DECEASED						D HOUR OF DEATH		1 01
trype or riiit	DELBI	ERT R. R	LEMI	XIV		Ina	SEPT '68	19	14581
3. PLACE IN	BALTIMORE,	MARYLAND, WH	HERE PRONO	UNCED DEAD	A. STABBULL	DENCE (When	e deceosed lived. If	nstitution: re	esidence before
FILL MANAG	05 /15 \	OT IN HOSPITA	L OR INITIT	THE CIVE STREET		FAIRH	AVEN AVE	+21	
FULL NAME	R ADD	RESS OR LOCA	TION)	UTION, GIVE STREET	C. CITY OR TOV			SIDE CITY LI	MITS?
SOUT		ALTIM	ORE	GEMERA	. /	MORE		YES F	- Not
				HAMOVER S		NUMBER			-
70 1	1021	IAC, Jo	201 5.	HANCOVER -	3814	FAIRH	HAVEN AV	16. 井	26.
5. SEX	6. RACE		7. MARRIED	NEVER MARRIED	B. DATE OF BIR		9. AGE (In years	If Unde	Doys Hours
Male	Whi		WIDOWED		10000	1,50	lost birthdoy)	Months	Doys nous
			108. KIND O	F BUSINESS OR INDUST	RY 11. BIRTHPLACE	(State or forei	gn country)	12. CITI:	ZEN OF WHAT
done during m	ost of working life		ILMEM	PLOYED.	W. 1	VIRGII	UIA		U.S
13. FATHER'S		tited	UPICI		14. MOTHER'S				
		5 RE	1111	11				11-0	
				,			VARA	4616	7
IS. Was Dece (Yes, no or unk	nown) (If yes, g	. S. Armed Force	es? of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	387 /	Fairhaven	Ave F	ADDRESS
Yes		ld War		230-03-653	D Wife N		llian Renni		21226
18.	40.0	1 (Mai	0.0	CAUSE OF DE	ATH WILE I	JID TIT	riian Menui		APPROXIMATE
D	SEASE OR CO	ONDITION DIRE	ECTLY		0				BETWEEN ONSET
		TO DEATH		(A) IMMEDIATE (AllSE PURU	LEMT	APPEND	ICTTI	6
		the mode of etc. It meons		DUE TO, OR	A5 A CONSEQUENCE	E OF:			
		which coused		SMA	ILL BOW	UER.	ORSTRUM OF PREV	TION	
	ANTECED	ENT CAUSES		Due T	OADHE	CIONS	OF PREV	ous.	8
DISEASI	S OR CON	DITIONS, if a	ny, giving	DUE TO, OR	AS A CONSEQUENCE	5 OF: 00	OPER	711 1019	
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UNDER	YING CONDI	TION Tost.	100	(C)		<u> </u>	BETE M	Si bola 1	I.U
ZSTUERS	0.0	11	TDIDITING					1.3	
F TO THE	DEATH BUT NO	NDITIONS CON	E TERMINAL						
U 19A. DA1	OR CONDITION	GIVEN IN PART		WHICH OPERATION	20A. AUTOPS	SY? (Yes or No	208. IF YES, WERE	FINDINGS	CONSIDERED
18/8/	29/68	WAS PERFO				VO	IN CERTIFYING C.	AUSES OF	DEATH?
U 21 A. AC	CIDENT WAS	UNDERLYING		B. PLACE OF INJURY (e. me, form, foctory, street,			(If in Baltime	ore City, giv	e exoct lacotion)
OR CON	notify medical	CAUSE OF	hon etc.	ne, form, foctory, street, .)	office bldg., INJUR	Y OCCUR?			
21 D. TIM		(Doy) (Yeor)	(Ham) 215	. INJURY OCCURRED	215 4	OW DID INJ	IIBA UCCIIBS		
S OF INJU	RY	.50,7 (160)7		nile At Not W		יוויו טוט וויון	ORI OCCOR:		
(APPROX)		Wo		ork 🔲	,			
22. I ce	rtify that (1) (this haspital)	attended t	he deceased from	8/26/		1968 ta 4	12	
that (1)	(we) last sav	the deceased	dalive an	9/2	19 6 8	and the	at in(my) (aur) ap	inlan dea	th accurred o
and have	r and fram th	e causes state	ed abave. (l) (We) (did) (did not					
23A. SIGI		101	- 0	2 10	,			23B. DAT	E SIGNED
	SX	2/6 Chr.	ell.	N. M.D	Attending M	Med.	Staff		
23 C. PHY	SICIANTS	70000		DEGREE	Phys. D	rectar 🗀	Phys.	1	- 0.01
	ME (Type)	C R 11	11110	P M.	230. ADDRESS	304714	BALTI	MORE	GEM
	, 2 ,	2. 12 14	acco.	DEG		•		1	70381T
24A. BURIAL REMOV	CREMATION,	24B. DATE	24C. N	AME of CEMETERY or		24D. LC	OCATION	City, Iown, o	or county!
Buri		9/5/68	B	alto: Nat'l	Cemetery	Ba	alto. Md.		
	EC'D ST. HDAL			OF REGISTRAR		AL DIRECTOR		2	1 2 ARDRESS
	Vest	1900	Volver	J G. Jakeyt	1 Mul	1. 411	237 Pataps	co Ave	Balto
VS 150-REV.	1/1/68				1/ CUM	111111111111111111111111111111111111111			
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M-650

BIR	TH NO.		MED	ICAI	_ EX	(AMINER'S	CERTIFI	CATE OF	DEAT	H REG NO	68	3- 89	81		
-	NAME OF DEC	FASED					2. DATE	Known 🛣	Manth	Davi	Yeo	- 164			
(Type or Print) GEORGE MARINO								Estimoted	Month 9	Doy 1	68		а м.		
4. 1	PLACE IN BAL	TIMORE, MA	ARYLAND, W	HERE P	RONO	UNCED DEAD	3. DATE		Month	Doy	Yeo	Hour			
HO:	L NAME OF SPITAL INSTITUTION		T IN HOSPITA		TITUTIO	DN, GIVE STREET	PRONOUNCED DEAD September 1, 1968 9:00 a M.								
St. Agnes Hospital								5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY Conn.							
								C. CITY OR TOWN D. INSIDE CITY LIMITS?							
Ma	Tale White WIDOWED DIVORCED							New Fairfield							
	ATE OF BIRT		10.AGE (In	yeors	If Und	der 1 Yr. If Under 24 Hrs.		AND NUMBER	era		MARKET .	LANDAMEN			
	4-2-18		lost birthdox	0	Month	ns, Doys, Hours, Min.									
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT GALNTRY?						NARY TRANSPORTER TO THE TRANSPOR									
14A	.USUAL OCCU	PATION (Giv	e kind of work	4B. KIN	OF B	USINESS OR INDUSTRY	15. MRXX	*******	ME Fath	ers nan	e : Geo	rge Mar	ino		
	nsuranc				Inst	urance	1	ers : Mil							
16. (Ye:	WAS DECEAS , no or unknown) Yes	ED EVER IN	U.S. ARMED	FORCE of service	S? (a)	17. SOCIAL SECURITY NO. 047 07 6321	IB. INFOR			Fairfie					
		WW,.	11					Jean M. M	arino,	5/ G1]	lotti				
	19. 4/2	4				CAUSE OF DEA	TH				В	APPROXIMATE I			
	DISEAS	E OR COND	ITION DIREC	TLY		Arterios	clerot	ic cardio	vascul	ar dise	ase				
		LEADING TO				(A)IMMEDIATE C	AUSE								
	heart failure	, osthenio, etc	mode of dyi It meons the ch coused deo	diseose,			R AS A CONSEQUENCE OF:								
CERTIFICATION	DISEASES OF RISE TO THE UNDERLYING OTHER SIGN TO THE DE	E ABOVE CANG CONDIT	ONS, IF ANY USE (A) STAT ION LAST. II NDITIONS CO	NTRIBUTHE TERM	TING	(B)(C)	AS A CONSE	QUENCE OF:							
RTIF			GIVEN IN PA			WHICH OPERATION W	AS PERFORM	FD			21 41	TOPSY? (Yes	or No)		
CE	0														
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., etc.) INJURY OCCUR?															
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY (ASSECTION OF WHILE AT NOT WHILE															
	23.						ORK L								
I certify that I held on Inquiry Inspection XX Autopsy ond that on this basis, death in my opinion resulted from: Natural sources XX Accident Suicide Hamicide Undetermined monner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER XX ASSOCIATE MEDICAL EXAMINER XX ASSOCIATE MEDICAL EXAMINER											1				
										DATE SIG	NED				
	NAME (T		vard F.	Wi1	son.	M.D.	ASSC	CIATE MEDICAL	EXAMINER	Sen	tembe	r 1. 19	68		
RE	BURIAL CREE MOVAL (Special Burial	MATION, 2	9-4-68			St. Peters			LOCATION		wn, or cou		ote)		
25/	. DATE REC'D	BY HEALTH	DEPT.	25B. N	VAME (OF REGISTRAR		UNERAL DIRECT				21204			
		SEP 4	1968	Pol	me fo	E. Falley	Jo	hnson Fur	neral l	lome, 8	521 Lo	och Rav	en B		

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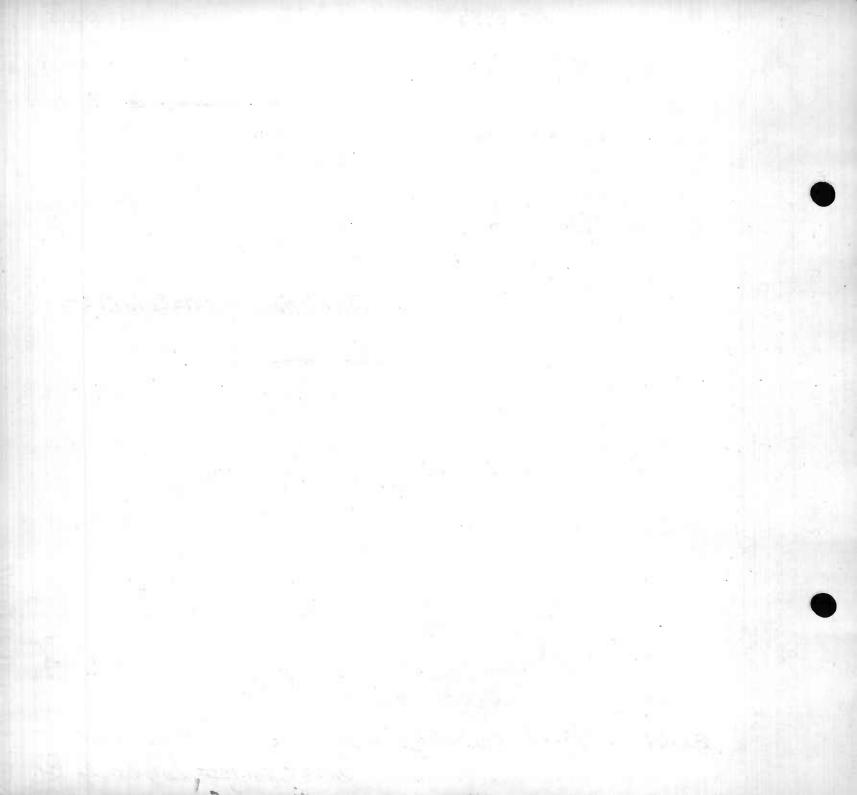
HARTLAND +unes A William A. Heccomes Acutes G. Beaumait who professor for the same same of the same of the same 11 The o gard. (" " Lea Celenbagan 40) be mornighted ON THERAL S WINGS THE TOTAL OF STATE OF THE PROPERTY OF

IMPORTANT FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

DAINSIDE CITY LIMITS NO If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U. S. A. ADDRESS 21218 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 30 Min. 6 Years 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH (If In Boltimore City, give exact location) 19 68 and that in (1964) (our) opinion death occurred on the date 23B. DATE SIGNED 8-31-68 (City, town, or county) BEI Air, HArbord Co, Manyland 21014 W. Broadway & williams St BEL Air, Manyland 21014

State of the title was a second of the state of the state of the state of SEE LELLA STATE - SOUTH AND WALLE



THE YEWRUS ST WITH AVE. SCHITCHE AVE. SVETTOTE I

VS 151-REV. 1/1/68

68- 8987. BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH REG	N68-	89

MEDICAL EXAMINER 3 C	LEKTIFICATE OF DEATH REG. NO. 8- 8987
NAME OF DECEASED	2. DATE Known Manth Day Year Hour
Type or Print) LILLY A DAILY	OF DEATH Estimoted September 2,1968 8:40 A.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) DR INSTITUTION	PRONOUNCED DEAD September 2, 1968 8:40 A. M.
UNION MEMORIAL HOSPITAL (DOA)	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE Maryland B. COUNTY
S. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female White WIDOWED DIVORCED	Baltimore YES NO NO
Dec 8 1886 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys Hours Min.	E. STREET AND NUMBER 626 E. 27th Street
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT/COUNTRY?	13. FATHER'S NAME
111gra12na USA	VACOB SCHNEIGER
4A.USUAL OOCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY lone dyfridg mast of working lijle, even if retired)	15. MOTHER'S MAIDEN NAME
Housewite	MIZYY NANE MICHAEL
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL Yes for funknown)(If yes, give wor ar dates of service) SECURITY NO.	18 INFORMANY 1 7 ADDRESS
100 80 000 4143	11cohert N. JAIJU 626 E 37" ST
19. CAUSE OF DEAT	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arterio	osclerotic Cardiovascular Disease
(A)IMMEDIATE C	AUSE
heart failure, asthenia, etc. It means the disease, injury ar camplication which caused deoth.)	IS A CONSEQUENCE OF:
mory of complication which coosed depth.)	
ANTECEDENT CAUSES (B)	A.C. A. C. A. M. C. M. C. A. M
Mor to the Above Chose (A) statito the	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST. (C)	
0E 722, / II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes ar Na)
O A	
₹ 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g.,	in or obaut 22C. WHERE DID (If In Baltimore City, give exact location)
UNDERLYING OR CONTRIB- home, farm, factory, street, office UTING CAUSE OF DEATH.	bldg., etc.) INJURY OCCUR?
22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY	22F. HOW DID INJURY OCCUR?
(APPROX.) m. WHILE AT WORK AT W	WHILE ORK
23.	
	topsy ond that on this bosis, death in my opinion
resulted from: Notural causes X Accident Suicid	e HomicIde Undetermined monner
ACTUAL SI ON WIN SIL	CHIEF MEDICAL EXAMINER L
SIGNATURE O CHOICE OF M.D.	
EXAMINER'S Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER ☐ September 2, 1968
24A, BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION, (City, town, or county) (State)
Burial 5 Sept 68 1110reland	111emonal 1321to 1110
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C FUNERAL DIRECTOR ADDRESS 7
SEP 4 1968 Repub E. tarbura -	Burges Funenal Home Balto Ma
'S 151-REV. 1/1/6B	Maile Whatevell (10.

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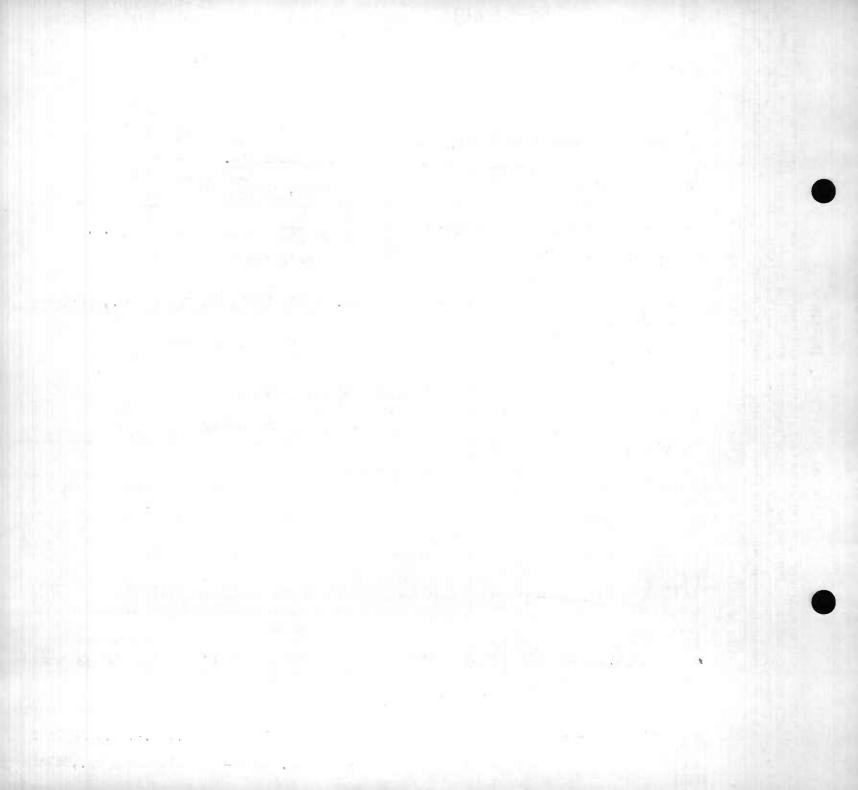
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1		68- 80	BALTIMORE CITY	HEALTH DEPARTMENT		68- 8989
₽ BII	RTH NO.	00 03	CERTIFICA	TE OF DEATH	REG. NO	00-0303
D 1.1	NAME OF DECEASED	HALL		2. DATE	lugust 29, 19	
3.	PLACE IN BALTIMORE, MA		INCED DEAD	4. USUAL RESIDENCE	Where deceased lived. If	institution: residence before odmission)
FL	ILL NAME OF (IF NO OSPITAL OR ADDRE	IN HOSPITAL OR INSTITU SS OR LOCATION)	UTION, GIVE STREET	Maryland c. CITY OR TOWN Baltimore		SIDI CITY LIMITS
1	3 South Balt:	imore General	Hospital	E. STREET AND NUMBER	R	
S.	SEX 6. RACE	7. MADDIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
	Male Whi	widowed will	DIVORCED [March 11, 1		Months Doys Hours Min.
	A. USUAL OCCUPATION (Giren during most of working life, e		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	team Crame Ope	rator Weyenh	auser Lumber	Maryland 14. MOTHER'S MAIDEN	NAME	U.S.
	William Ha	17		Georgia	Tones	
15	Was Deceased Ever in U.		1 6. SOCIAL	17. INFORMANT	0.100	ADDRESS
(Y e	es, no or unknown) (If yes, give	wor or dotes of service)	SECURITY NO.			
	No 18. 5 5 / . /		212-07-9246	Mrs. Sophie	Hall, 539 Mau	de Ave., Baltimore
ICATION	other significant condition to the death but not disease or condition to the death of t	TIONS, if any, giving cause (A) stating the ON last. DITIONS CONTRIBUTING RELATED TO THE TERMINAL IN PART 1 (A).	(c) Peyro Engli	Justic M a consequence of: tim mits of ysume	Panerias	E FINDINGS CONSIDERED
CFRTIFI	K.	WAS PERFORMED	PLACE OF INTERY (e.g.	n or obout 21 C. WHERE D		E FINDINGS CONSIDERED AUSES OF DEATH? Ore City, give exact lacotian)
I A J	OR CONTRIBUTING CA	USE OF hom	e, lorm, foctory, street, o	ffice bldg., INJURY OCCU	R?	
MEDI	OF INTILIBY		INJURY OCCURRED ile At Not Whi rk At Work		INJURY OCCUR?	
	22. I certify that (I) (th	nis hospital) ottended t			19to	19
		he deceased alive on				pinion death occurred on the dote
		couses stated above. (
	23A. SIGNATURE	. /				238, DATE SIGNED
	1 Km	ald M. Wo	O) MO AMPhy	ending Med. Director	Staff Phys.	8-30-68
	23C. PHYSTCIAN'S NAME (Type)		DEGREE	23D. ADDRESS		
24	A. BURIAL CREMATION, 2	4B. DATE 24C. N	AME of CEMETERY OF CR	EMATORY 24	D. LOCATION	(City, town, or county) (State)
	REMOVAL (Specify) Burial	9-3-1968 Gle	n Haven Memor	ial Park R	itchie Howv	A.A.Co., Marvland
25	A. DATE REC'D BY HEALTH		OF REGISTRAR	2SC. FUNERAL DIRE	010K	A.A.Co., Maryland
	ern 4	1004 00	0 7.0	George J.	Gonce-4001 Ri	tchie Hgwy., Baltimor
19	150-REV, 1/1/68	1300 (650)) E, Valder MA	8 7 0	Y	



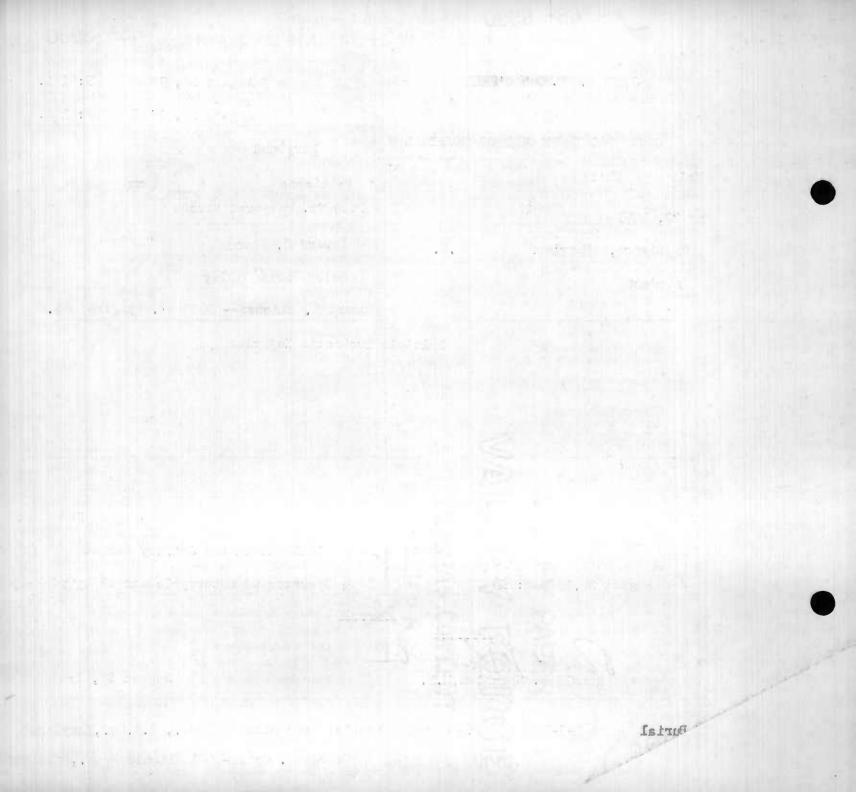
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68-8990 BALTIMORE CITY HEALTH DEPARTMENT

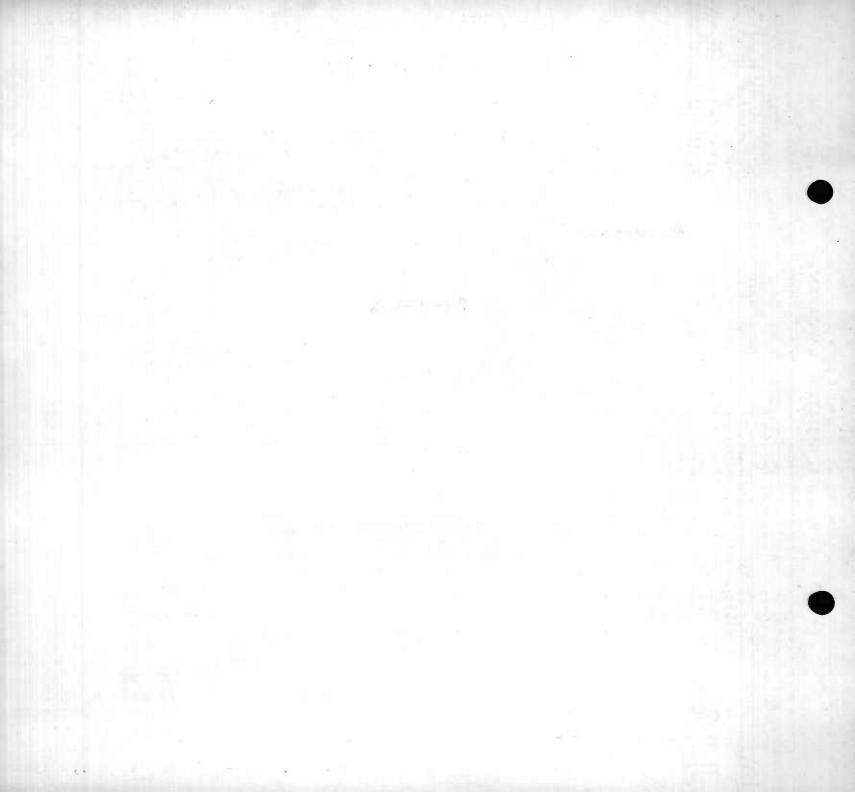
MEDICAL EXAMINER'S CERTIFICATE OF DEA	MEDICAL LAAM	IIAEK O	CERTIF	LAIE	Ur	DEATH.
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(

BIRTH NO.	REG. NO.
I. NAME OF DECEASED (Type or Print) JOHN P. SIMONS O'DELL	2. DATE Known Month Doy Yeor Hour 9:01 A. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD August 30, 1968 9:01 A. M.
43 SOUTH BALTIMORE GENERAL HOSPITAL	5. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE B. COUNTY Maryland
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED □ DIVORCED	Baltimore Restriction
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Plants Months Doys Hours Months Months Doys Hours Months Months Months Months Doys Hours Months M	
11. BIRTHPLACE(State or foreign country) Baltimore, Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.	13. FATHER'S NAME Edward C. Simons
14A. USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUS done during most of working life, even if retired)	
student	Helen Marie Tinley
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
No	Edward C. Simons 3600 St. Margaret St.
19. CAUSE OF D	BETWEEN ONSET AND DEATH
	le Traumatic Injuries
LEADING TO DEATH (A)IMMEDIA	
(This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.)	DR AS A CONSEQUENCE OF:
ANTECEDENT CAUSES (8)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE LINDERLYING CONDITION LAST	DR AS A CONSEQUENCE OF:
0 - 2 / 5 / 11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	27.47.4.77.4.7.4.4.4.4.4.4.4.4.4.4.4.4.4
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	WAS PERFORMED 21. AUTOPSY? (Yes or No) yes
Y IINDEDIVING TO CONTRIB home, form, factory, street, a	g., in or obout 22C. WHERE DID (If in Boltimore City, give exoct locotion) INJURY OCCUR? 10th Street and Jeffrey Street
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.NJURY OCCURRE	
OF INJURY	OT WHIP
23.	Operator of motorcycle struck by pick-up truck
	Autopsy X and that on this basis, death in my opinion
resulted from: Notural couses Accident X Sui	cide Homicide Undetermined monner
ACTUAL SI JAIV.	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE (Chord) (Con)	A.D. ASSISTANT MEDICAL EXAMINER X
EXAMINER'S Ronald N. Kornblum, M.D. NAME (Type)	ASSOCIATE MEDICAL EXAMINER L. August 30, 1968
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETE	RY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
D 7 0 2 3060 03 11	
Burial 9-3-1968 Glen Haven 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	Memorial Park Ritchie Hgwy., A.A.Co., Maryland 25C. FUNERAL DIRECTOR ADDRESS



and eath ased the Such	11				HEALTH DEPARTMENT		68-8991
A T 0 A T		68	3-899	1 CERTIFICA	TE OF DEATH	REG. NO	00- 0331
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	BIRTH NO.					ND HOUR OF DEATH	
- T 0 C	(Type or Print)	OSWILD, (STHER	B. (Esther B.		UGUST 30 -	19681 11:20 Am.
the of the	3. PLACE IN BA	ALTIMORE, MARYLAND, W				ere deceased lived. If in	stitution; residence before admission)
hosp USe (5)	FULL NAME O HOSPITAL OR INSTITUTION	F (IF NOT IN HOSPIT	AL OR INSTITU	TION, GIVE STREET		BACTIMORE	CO 53-00
l in a h ng cau cause; attendo		4.	,		BACTIMORI	0. 1143	YES NO
ng n	380MG	. OF MARYCAN			E. STREET AND NUMBER		
70.2	COMB	ARD & GREEN	UE ST	5. 21201	525 CARU	5 13817 (1	
ad ad	5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	tf Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
th occurre contribut eterminat n regular eceased p	7	CAUCASIAN	WIDOWED	~	6/18/03	65	
con con re-		CUPATION (Give kind of world) for working life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
P - D - D -	11				NEW YORK		0.3.
de de la companya de		SFW) FE			14. MOTHER'S MAIDEN NA	ME	
+ = 5.€ 3 ± gs	THE	OMAS BARN	63		COKA I	DYCKEMAN	
AN stant ind; eath		ed Ever in U. S. Armed For		16. SOCIAL	17. INFORMANT		ADDRESS
IMPORTAN or his assistan Also, if the d sof any kind; ounced deart itendance or ned or final d	(Tes, no of Unknow	vn) (if yes, give wor or dote	es of service/	SECURITY NO.	RICH. OSWALD !	SR. 525 (1	RESTAP CT.
A t t t d d d d d d d d d d d d d d d d	18.			CAUSE OF DEATI	1		APPROXIMATE INTERVAL
PO if any if any or	DISE	ASE OR CONDITION DI	RECTLY				BETWEEN ONSET AND DEATH
or hisonnound		LEADING TO DEATH		(ANIMMEDIATE CAL	ISE SQUAMOUS A CONSEQUENCE OF: RIMBRY & MC	CEZC CA	C
045505		not mean the made of e, asthenio, etc. It means		DUE TO, OR AS	A CONSEQUENCE OF:	VIT. MITAST	4525
OR: niner iner ractu		omplication which caused		, CUNG 1	> RIMARY &	101.116 11.01	7.76.7
G Fring o		ANTECEDENT CAUSES		(8)	l .		
O provide of		OR CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF:		
cal exam all exam s; (3) A f iian who		NG CONDITION lost.	stating the	(c) SPGV	DCA 01= C,	X .	
AL DIR medical tedical e burns; (3 burns; (3 medican	1/5	F 11		(0,2,2,2,2,2,2,2,2,2,2,2,2,2,2,2,2,2,2,2			
AL med edic edic burr hysi	O OTHER SIGN	IFICANT CONDITIONS CO					
ef me med dy bu	Q DISEASE OK	ATH BUT NOT RELATED TO T CONDITION GIVEN IN PAI	RT 1 (A).				
	U 19A. DATE O	OF OPERATION 198. CON	TORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or No	O) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CN chi by a by a the thysich	21 A A C C I D	ENT WAS UNDERLYING	7 218	PLACE OF INTERVIOR	n or obout 21 C. WHERE DID	(If in Baltima	e City, give exact location)
F 5 2 5 F F	OP CONTRI	BUTING CAUSE OF	home etc.)	e, form, foctory, street, of	fice bidg., INJURY OCCUR?	(ii in banisiai	e City, give exoct locotion)
>.± 0 5 Z =	U						
	OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED le At Not While	21F. HOW DID IN.	JURY OCCUR!	
d k	(APPROX.)		Worl				
ved hos natu)	(
rroved he hos ny natu xcept and (6)	22. I certi	fy that 🕪 (this haspita	1) attended th	e deceased fram	01.1	19 68 ta	V/30 1968.
approved of the hos of		fy that (+) (this haspita e) last saw the decease		8/30	8/24/		nlan death accurred an the date
approved to the hos of any natural (except th); and (b) be obtaine	that (4) (w	e) last saw the decease	ed alive an	8/30	8/24/		nian death accurred an the date
be approved sed to the hos mit of any nature pital (except eath); and (b)	that (4) (w	e) last saw the decease and from the causes sta	ed alive an	8/30	19 6 8 and 11		nian death accurred an the date
ust be approved eased to the hos ident of any naturospital (except o death); and (b) must be obtained	that (‡) (w	e) last saw the decease and from the causes sta	ed alive an	8/30) (Wo) (did) (did no t) v	19 6 8 and the riew the bady after death.	hat in(my) (eur) api	
must be approved released to the hos accident of any natural except a hospital (except to death); and (b) al must be obtained	that (4) (w and haur a 23A. SIGNA	e) last saw the decease and from the causes stated ture.	ed alive an	8/30) (We) (did) (did not) v	19 6 8 and the riew the bady after death.		
must be approved released to the hos accident of any natural except a hospital (except to death); and (b) al must be obtained	that (‡) (w	e) last saw the decease and from the causes stated ture.	ed alive an	8/30) (We) (did) (did not) v	19 6 8 and the riew the bady after death.	hat in(my) (eur) api	
ficate must be approved was released to the hos An accident of any nature. A. at a hospital (except prior to death); and (b)	that (4) (wand haur of 23A. SIGNA 23C. PHYSIC NAME	nd from the causes status TURE S. Degun IAN'S (Type) MICHALL REMATION, 1248, DATE	ed alive an	8/30) (We) (did) (did not) v	19 6 8 and the riew the bady after death. Inding Med. S. Director 23D. ADDRESS	hat in(my) (eur) api	
ficate must be approved was released to the hos An accident of any nature. A. at a hospital (except prior to death); and (b)	that (4) (wand haur of 23A. SIGNA 23C.PHYSIC NAME	nd from the causes status TURE S /) segun IAN'S (Type) MICHAL S REMATION, 24B. DATE	ed alive an ted abave. (1) 1	8/30) (We) (did) (did not) v After Phy AMD DEGREE AME of CEMETERY or CRI	19 6 8 and the riew the body after death. Inding Med. 5. Director 223D. ADDRESS W/V/W/S/T/SEMATORY 24D/1	Staff Phys. P	23B, DATE SIGNED 8/30/68 172/(ANI) HOSP- ity,/town, or county) (Stote)
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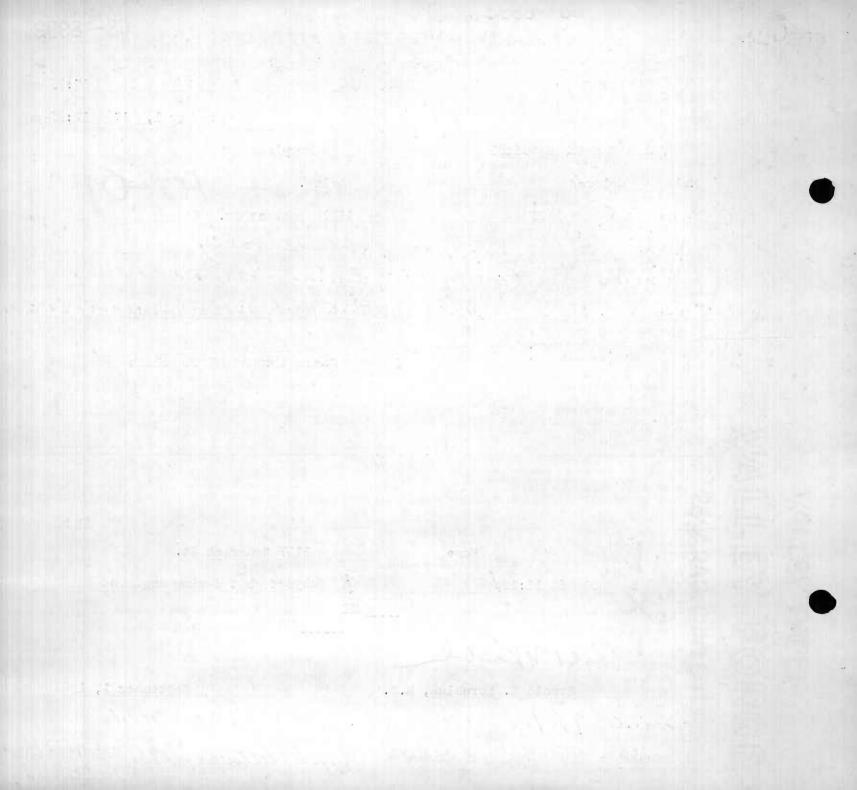


H-630

68- 8992 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO

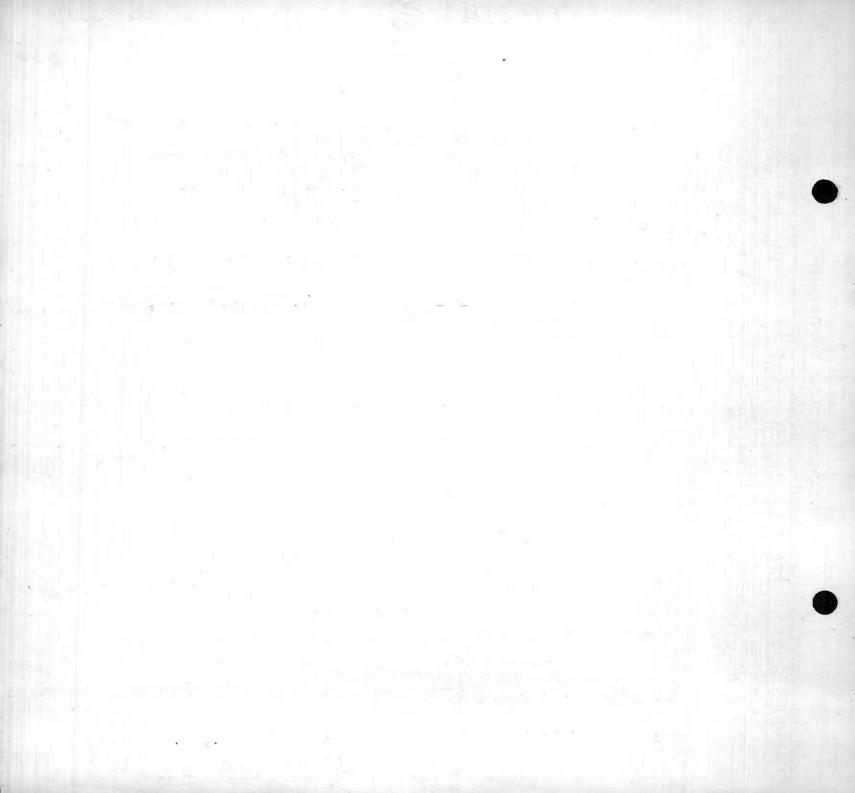
	TH NO.						REG. NO			
]. r	NAME OF DECEASED			2. DATE	Known 😾	Month	Doy	Year	Haur	
(Тур	RAYMOND	HARDY		OF DEATH	Estimoted	9	1	68	12:35	ам
4. F	PLACE IN BALTIMORE, MARYLA		RONOUNCED DEAD	3. DATE		Month	Doy	Year	Haur	
	L NAME OF (IF NOT IN	HOSPITAL OR INS	STITUTION, GIVE STREET	PRONOU	NCED DEAD	Comb	1	1060	12.25	
	SPITAL ADDRESS O	R LOCATION)		5 IISHAI PE	SIDENCE (Where		ember 1,		12:35	
	22			A. STATE	SIDEIVCE (Milere		B. COUNTY	residence de	idie damissio	,
	Johns Hopkir				Marylan	d				
6. 5	SEX 7. RACE	B. MARI	RIED X NEVER MARRIED	C. CITY OR 1	OWN		D. INSIDE CIT	Y LIMITS?		
	Male Colored	WIDON	WED DIVORCED	Ba1	to.		/ YES	C		
9. D	DATE OF BIRTH 10.	AGE (In years	If Under 1 Yr. If Under 24 Hrs.	E. STREET AL			10	7	1	
		birthdoy)	Months, Doys, Hours, Min.	7707				- 1		
	7-15-35 BIRTHPLACE (State or fareign co	33	12. CITIZEN OF	13. FATHER'S	Somerse	c St.				
	DIRTITIZACE (State of fateign co	,	WHAT COUNTRY?	P. A		1 0				
	ma.		0,5,19	Kick	and N	and	4			
	.USUAL OCCUPATION (Give kind e during most of warking life, even if		D OF BUSINESS OR INDUSTR	15. MOTHER	S MAIDEN NAM	AE #				
	Laborer	7	notory	Em	me /	rage	ton			
	WAS DECEASED EVER IN U.S.			18. INFORM	ANT		AD	DRESS		
(Yes	s, na or unknown) (If yes, give wor a	ir dates of service	SECURITY NO.	fell'an	Hard.	2613	Maria and	than	Ba	14.11
	19.		CAUSE OF DEA	TH	71-0-9	2015	agur	APPI	ROXIMATE INTE	RVAL
	= 765 K		CAUSE OF DEA	***				BETWE	EN ONSET AND	DEATH
	DISEASE OR CONDITIO	N DIRECTLY								
	LEADING TO DE		(A) IMMEDIATE	CAUSE GI	inshot wo	und of	the che	st		
	(This daes nat mean the mad heart failure, asthenio, etc. It m	le af dying, e.g., eans the disease.	DUE TO, OR	AS A CONSEQU	ENCE OF:					
	injury or camplication which co	used death.)								
	ANTECEDENT CAU	ICCC								
			(B)	10.1.0-11-10						www.oro.oro.
	DISEASES OR CONDITIONS	IF ANT. GIVING	DUE TO, OR	AS A CONSEQ	UENCE OF:					
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Z	RISE TO THE ABOVE CAUSE UNDERLYING CONDITION	(A) STATING THE		AS A CONSEQ	UENCE OF:					
TION	RISE TO THE ABOVE CAUSE	(A) STATING THE		AS A CONSEQ	UENCE OF:			3-4-6-6-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-	-	
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IFICATION	RISE TO THE ABOVE CAUSE UNDERLYING CONDITION OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT REL- DISEASE OR CONDITION GIV	(A) STATING THE LAST. IONS CONTRIBU ATED TO THE TERM EN IN PART 1 (A)	(C) ITING MINAL).							
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إدا	RISE TO THE ABOVE CAUSE UNDERLYING CONDITION OTHER SIGNIFICANT CONDITION OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT REL- DISEASE OR CONDITION GIVE 20A. DATE OF OPERATION 22A. EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIB	(A) STATING THE	JTING MINAL FOR WHICH OPERATION W. 228. PLACE OF INJURY (e.g., home, farm, factary, street, affice	AS PERFORME	C. WHERE DID				YES	No)
إدا	RISE TO THE ABOVE CAUSE UNDERLYING CONDITION OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT REL, DISEASE OR CONDITION GIV. 20A. DATE OF OPERATION 20 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	(A) STATING THE LAST. HONS CONTRIBUTIONS ATED TO THE TERM EN IN PART 1 (A) DB. CONDITION	ITING MINAL JOHN TO THE PROPERTY OF THE PROPER	AS PERFORME in or about 22 e bldg., etc.) IN	C. WHERE DID (JURY OCCUR?	merset	St.	t lacation)	YES	No)
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VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

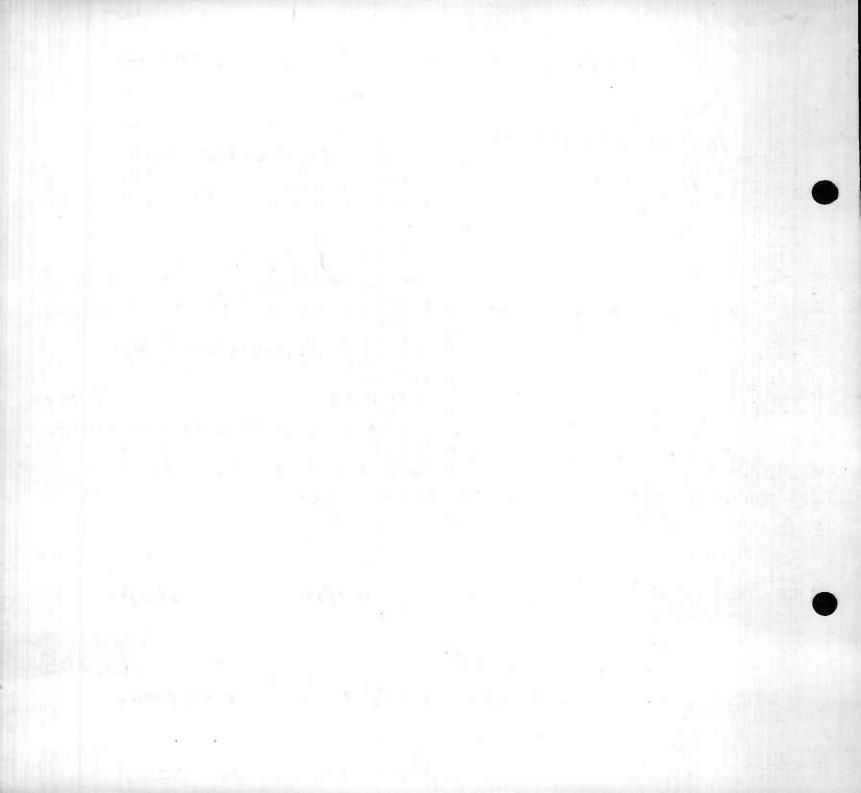
	68	3- 8994	1 BALTIMORE CITY				68- 8994	,
BIRTH NO		000	CERTIFICA	TE OF D	DEATH	REG. NO	00 0001	
	OF DECEASED	4 L. BE	ENESCH		2. DATE AN	HOUR OF DEAT		00 M.
3. PLACE	IN BALTIMORE, MARYLAND, V	VHERE PRONOUN	ICED DEAD	4. USUAL RES	B. COUN	e deceased lived. If	institution: residence before	admission)
FULL NA HOSPITA INSTITUT	L OR ADDRESS OR LOC	TAL OR INSTITUT	ION, GIVE STREET	7 10 10 11 11 11	LYCHNI		ISIDE CITY LIMITS	
NON	ETH CHARLES G	ENERBL	HOSPITAL	BAL	TIMOR		YES ON NO	
49				E. STREET AN	OPR DA	ENAS A	VE	
S. SEX	6. RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BI	RTH 1	ost birthday 66	If Under 1 Yr. If Under 1 And Haurs	der 24 Hrs. Min.
	AL OCCUPATION (Give kind of wor	k 10B. KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLAC	E (State at farei	gn cauntry)	12. CITIZEN OF WHAT	COUNTRY?
	g most of working life, even if retired) SENIRE	at home	***	MA	RYLAN	0	U.S.B.	
13. FATH1	ER'S NAME			14. MOTHER'S	MAIDEN NAM	1 E		
37	EPHEN MATH	118		FRAN	ces.	JOSEPHE	CK	
IS. Was E	Deceased Ever in U. S. Armed Fo unknown) (If yes, give war ar date	rces?	6. SOCIAL	17. INFORMAN	IT		ADDRESS	
i ca, nu ur	with yes, give war at date		security No.	Joseph	MA Benes	ch, husbar	id. shove	
18.	10001	210	CAUSE OF DEAT	4 On other	Z. Delles	inusual	APPROXIMATE BETWEEN ONSET	
rise UND	ANTECEDENT CAUSES ASES OR CONDITIONS, if la lhe above cause (A) ERLYING CONDITION last. P. SIGNIFICANT CONDITIONS CO	any, giving stating the	(B)	A CONSEQUEN	ICE OF:			
DISEA 19A.	HE DEATH BUT NOT RELATED TO THE SE OR CONDITION GIVEN IN PAID ATE OF OPERATION 198, CONWAS PER	THE TERMINAL RT 1 (A). NOTION FOR WE	HICH OPERATION	20A. AUTOI	PSY? (Yes or No)	20B. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?	********
U 21 A. OR C	ACCIDENT WAS UNDERLYING	21 B. P	TO TO SIS LACE OF INJURY (e.g., i form, loctory, street, al	n ar about 21C.	WHERE DID	(If in Boltim	ore City, give exact location)	47.5
O 21D.1	TIME (Month) (Doy) (Year)		NJURY OCCURRED	21 F. 1	JUN DID WOH	JRY OCCUR?		
OF IN		While	At Not While At Work					
	certify that (1) (this hospita	I) attended the	-	8 - 18		9 68 ta	9 - 1 - 1 plnian death accurred a	9 6 8
	naur and fram the causes sta		(We) (did) (dld no+) y			(), (401) 4	accomed a	3416
23A. 9	GRATURE S	manfl	1.1	nding 🗀	Med.	Staff Phys.	238. DATE SIGNED 8-1-6	8
	10111	MONG	40L DEGREE	NORT/				PITAL
	OVAL (Specify)		ME of CEMETERY of CRI				City, tawn, or caunty)	(Stote)
Bur:	E REC'D BY HEALTH DEPT.	Bohen 25B. NAME OF	ian National	2SC. FUNE	RAL DIRECTOR	lto., Md.	ADDRESS	
	SEP 4 1968 (P. O. B. E	Ja Bains	OCU IMA	nek Fune	ral Home		
S 150-RI	V. 1/1/6B			1111	- CHILL	me 2123	-3	



IMPORTANT

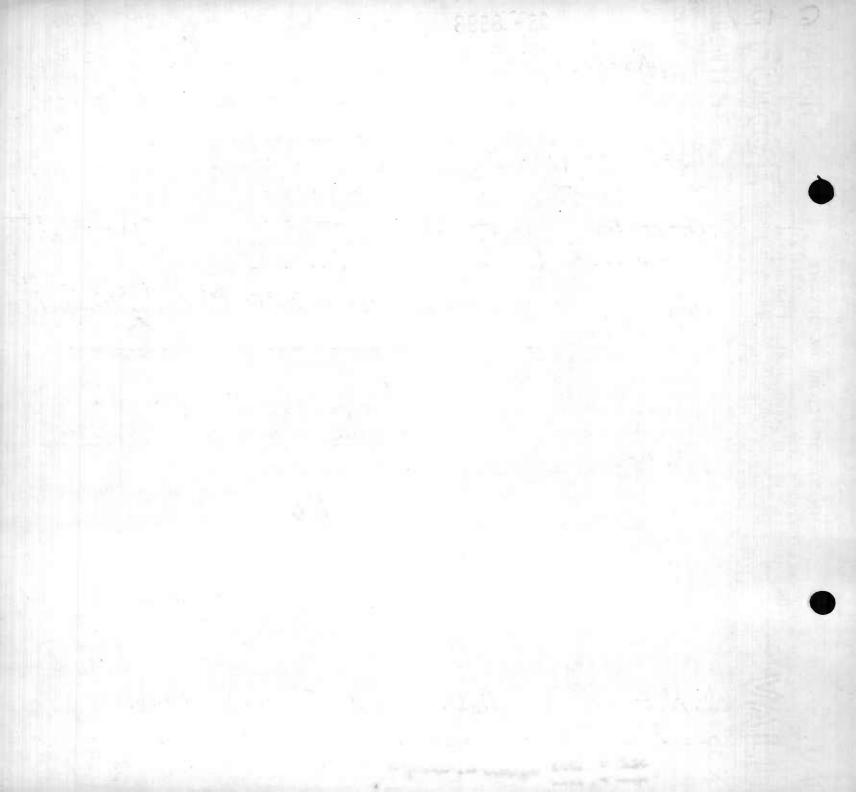
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FUNERAL

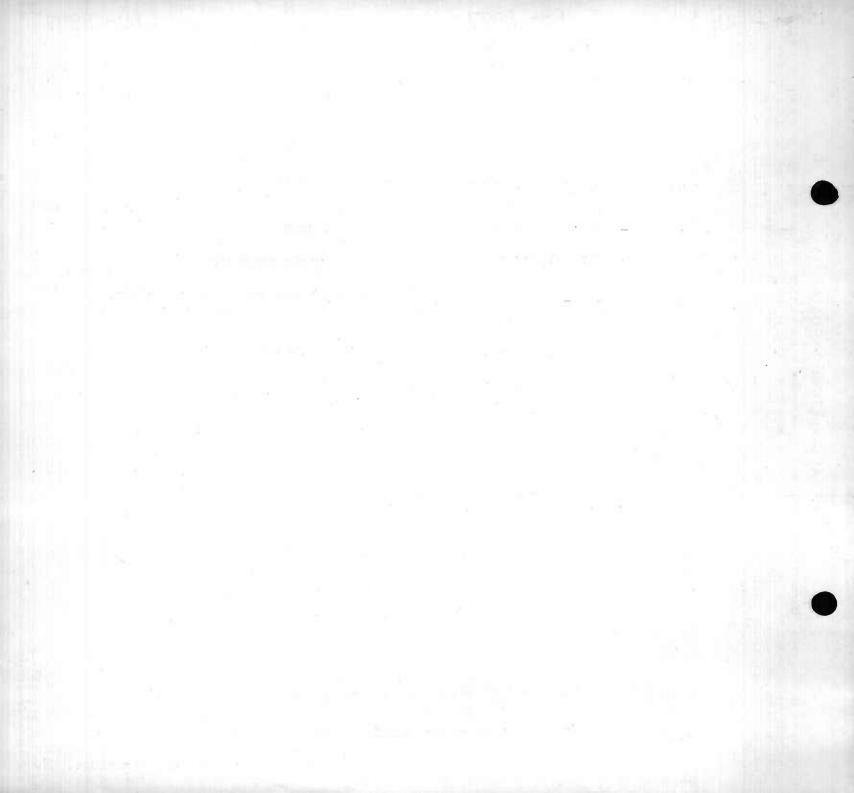


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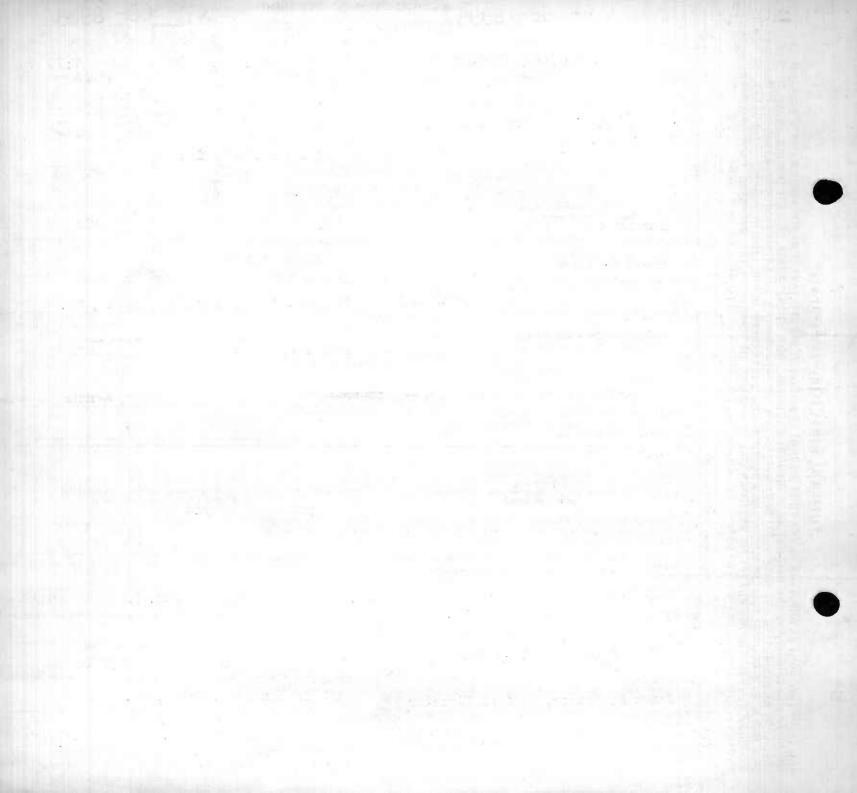
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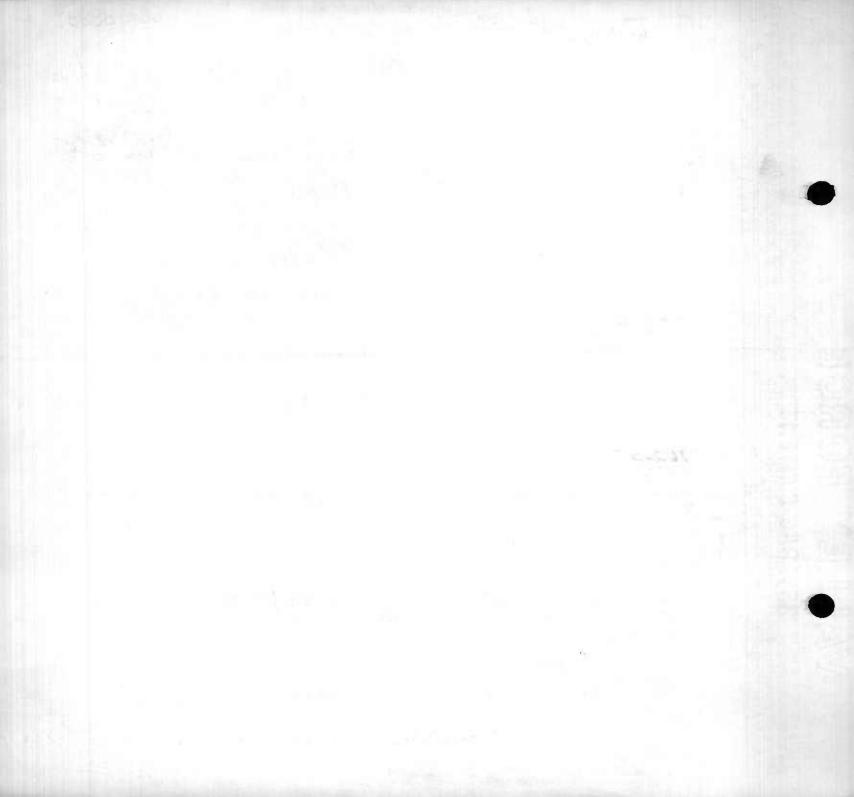
60- 00	BALTIMORE CITY	HEALTH DEPARTMENT	00 0000
68- 89	OF CERTIFICA	TE OF DEATH REG NO -	68-8997
1, NAME OF DECEASED ALBERT HORWA		2. DATE AND HOUR OF DEAT	Н
(Tues as Dist)	ALBERT	5-31-66	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PROM		4. USUAL RESIDENCE (Where deceosed lived, If	institution: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INS	TITUTION, GIVE STREET	MARYLAND 21144-6	
INSTITUTION		BALTIMO SEVERN	VSIDE CITY LIMITS?
PHOSPITAL		E. STREET AND NUMBER	
OF MARYLAND		RT. 3 BOX 33	方を
5. SEX 6. RACE 7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
MALE WHITE WIDOWN		8-12-94 7471	25 .
10A. USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	uilding	Kansas	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Michael Horwat	h	Marie Stettner	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) NO	security No.	LeCompte Funeral Service :	records, Cambridge
18.7 (2 9 1	CAUSE OF DEAT	н	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY			BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAL	use extensive young	seve_
(This does not mean the made of dying, e. heart failure, asthenia, etc. It means the disease injury ar camplication which caused death.)	9., DUE TO, OR AS	A CONSEQUENCE OF:	100000000000000000000000000000000000000
ANTECEDENT CAUSES	00	1.0=0 Barrel -	
DISEASES OR CONDITIONS, if any, givin	(B) DUE TO OR AS	Lasge Bowel - A CONSEQUENCE OF:	000000000000000000000000000000000000000
rise to the above cause (A) stating I	•		
UNDERLYING CONDITION last.	(C)		
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINA OF DISEASE OR CONDITION GIVEN IN PART 1 (A).		Te et antenne de la sue	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FO	R WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WER	E FINDINGS CONSIDERED
WAS PERFORMED	incarcarated he	Agent IN CERTIFYING C	AUSES OF DEATH?
O 21 A. A CCIDENT WAS UNDERCYING OR CONTRIBUTING CAUSE OF	11 B. PLACE OF INJURY (e.g., i ome, form, foctory, street, of tc.)	n or obout 21 C. WHERE DID (If in Boftim	nore City, give exact location)
Q 21 D. TIME (Month) (Dov) (Year) (Hour) 2	1E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
S OF INJURY	While At Not While Nork At Work		
22. I certify that (!) (this hospital) attended		X-30-65 19 10 8	1-31-68 19
that (1) (we) lost sow the deceased alive or	4	,	pinion death occurred on the date
ond hour and from the couses stated above.	(1) (Ha) (did) (did not) v	iew the body ofter deoth.	
23A. SIGNATURE	61 AH	ending Med. Staff D	23B, DATE SIGNED
4-5	DEGREE Phys	s. Director Phys.	8-31-68.
23C. PHYSICIAN'S NAME (Type) P. P. J	OSHI MS	730 ASHBURTON	ST BALTO-16.
REMOVAL (Specify)	NAME of CEMETERY OF CRE		(City, town, or county) (State)
Burial 9/2/68 Do	rchester Memori	Lal Park Cambridge,	Maryland
25A. DATE REC'SE PEATH 1968 75B. NAM	of REGISTRAR DOMA	LeCompte Funeral Service	e, Cambridge, Md.
VS 150-PEV 1/1/68			



VS 150-REV, 1/1/6B



VS 150-REV. 1/1/65



VS 150-REV. 1/1/6B

